



# Health Services and Facilities Master Plan

FINAL 1/12/06



## SOUTHERN COLORADO UTE Service Unit

## New Mexico





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## Southern Colorado Ute Service Unit

**New Mexico**



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## Introduction

In the FY 2000 Appropriation Bill for the Public Health Service, the United States Congress directed Indian Health Service (IHS) to determine the level of services and the types of facilities needed to supply these services through the year 2015. The IHS' Office of Environmental Health and Engineering (OEHE) was assigned responsibility for overseeing the process. In February 2003, Dr. Charles Grim, Assistant Surgeon General of the Department of Health and Human Services, instructed all Area IHS offices to develop a Health Services and Facilities Master Plan (HSFMP) to meet the Congressional directive.

The Albuquerque Area IHS assessed its resources and initiated its planning process by October 2003. The Albuquerque Area HSFMP has been developed over 18 months by integrating statistical analysis and site visits with participation from tribes, Service Unit health boards, IHS administration, and medical staff. It is the product of research, community outreach, statistics, analysis, discussion, and document review. Its purpose is to guide the development of health care services and facilities through the year 2015.

Planning for the Southern Colorado Southern Ute Service Unit (SCUSU) HSFMP occurred throughout 2004 and early 2005. All of SCUSU's data will ultimately be blended with the HSFMPs of the eight other Albuquerque Area Service Units, and result in the Albuquerque Area Health Services and Facilities Master Plan.

Appendix A provides a glossary of acronyms and terms used throughout this report. Other documents, most notably the U.S. Commission on Civil Rights report "Broken Promises: Evaluating the Native American Health Care System," and historical information about legislation concerning health care for Indian were reviewed as background information for this report, and they are summarized in Appendix B. Other documents reviewed include "The IHS Strategic Plan: Improving the Health of American Indian and Alaska Native People Through Collaboration and Innovation", January 2003; "Transitions 2002: A Five Year Initiative to Restructure Indian Health", October 2002; "A Quiet Crisis: Federal Funding and Unmet Needs in Indian Country" July, 2003, U.S. Commission on Civil Rights; and "A Comprehensive Mental Health Care System for Native Americans in new Mexico", November 1993, University of New Mexico Department of Psychiatry.



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## Plan Summary

The Southern Colorado Southern Ute Service Unit HSFMP:

- Provides an overview of the IHS existing and clinical buildings in the Southern Colorado Southern Ute Service Unit.
- Identifies the services currently provided within those facilities, based on staff input and statistical research;
- Identifies the need, based on user population and projected population, for expanded services and facilities by the year 2015;
- Estimates the amount of investment required to meet these needs;
- Reports significant findings; and
- Proposes strategies to meet the needs identified.

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## Executive Summary

Southern Colorado Ute Service Unit (SCUSU) consists of two IHS- owned and operated facilities: the Southern Ute Health Center located in Ignacio, Colorado and Ute Mountain Ute Health located Center in Towaoc, Colorado.

The Southern Ute facility (built in 1978) and Ute Mountain facility (built in 1980) were designed as ambulatory clinics to accommodate regular medical patient visits, laboratory, pharmacy, dental, and mental health. Both facilities have outgrown their capacities and need major renovations to accommodate improved technology, computerization, patient flow and administration.

Due to geographic, political and economic issues the two facilities operate independent of each other although housed under the same Service Unit. For example the Southern Colorado Ute tribe funds additional medical treatment for tribal members referred for specialist care through a tribally-operated 'insurance' program that covers expenses. Medical staff also have direct hospital admitting privileges at Mercy Medical Center in Durango, and maintain daily oversight of admitted tribal members.

In 2004 the federal appropriation for SCUSU based on tribal shares and Resident Active User Population was \$3,582,267 for staffing of clinical facilities, equipment, and facility management. Another \$1.4 million was provided for Contract Health Services, with approximately \$700,000 going to each tribe. This represents a 26 percent increase in 7 years. The IHS allocation was supplemented by approximately \$1.6 million from third party reimbursements including Medicare and Medicaid. Since FY 2000 the Service Unit has recorded a 100 percent increase in Medicaid collections; 99 percent increase in private insurance collections, and 76 percent increase in Medicare collections.





Current projections by the Social Security and Medicare Boards of Trustees expect the Trust Fund to go broke in the year 2019. Over the next 10 years Medicare and Medicaid funding requirements will become increasingly difficult, and IHS will be progressively more challenged to provide the infrastructure required to meet these new requirements. It is expected that some form of “pay for performance” will be instituted so that Medicare & Medicaid payments will be based on performance indicators rather than outcomes.

With 31 percent of its revenue dependent on Medicare and Medicaid funding, the SCUSU will need to make difficult changes to accommodate its future existence.

The number of patients registered at SCUSU rose 13 percent from 2000 to 2004 -- from 16,256 patients in 2000 to 18,321 patients in 2004. An average of 530 new patients register at the Service Unit each year, with approximately 290 at Southern Ute and 240 at Ute Mountain Ute. During this same time the number of Active Users in the Southern Colorado Ute Service Unit decreased slightly while the number of patient visits rose 20 percent.

#### SCUSU Patient Visits 2000 - 2004 with 2015 Projections

FACILITY NAME	2000	2001	2002	2003	2004	% Change 2002-04	2004 % of Total	2015 projected low (1)	2015 projected High (2)
<b>So Ute HC</b>	20,382	20,292	21,337	24,119	26,304	29%	53%	42,590	53,357
<b>Active Users*</b>		2341	2311	2292	2336	1%		2358	
<b>Ute Mtn Ute HC</b>	20,771	20,974	18,453	21,706	22,677	9%	46%	27,919	28,890
<b>Active Users*</b>		3125	3078	2060	3074	0%		3086	
<b>White Mesa HS</b>	5	31	5	33	294		0.5%		
<b>SCUSU Total Visits</b>	<b>41,158</b>	<b>41,297</b>	<b>39,795</b>	<b>45,858</b>	<b>49,275</b>	<b>20%</b>		<b>71,597</b>	<b>82,247</b>
<b>SCUSU Total Users</b>		<b>5466</b>	<b>5389</b>	<b>5362</b>	<b>5410</b>	<b>0%</b>		<b>5443</b>	<b>5410</b>

\* Active Users in this chart include a percentage of “Other” or “Urban” Indians at each facility, calculated at 43% for Southern Ute and 57% at Ute Mountain Ute. Patient visit projections based on historical use, where (1) is based on % change and (2) is based on actual # change. Active User projections based on Health Systems Planning software (1) and historical use (2).

The Health Systems Planning (HSP) software used by IHS to determine workload projections estimates that the SCUSU health care delivery system will see a 14 percent rise in Active User population by the year 2015 – to 6,272

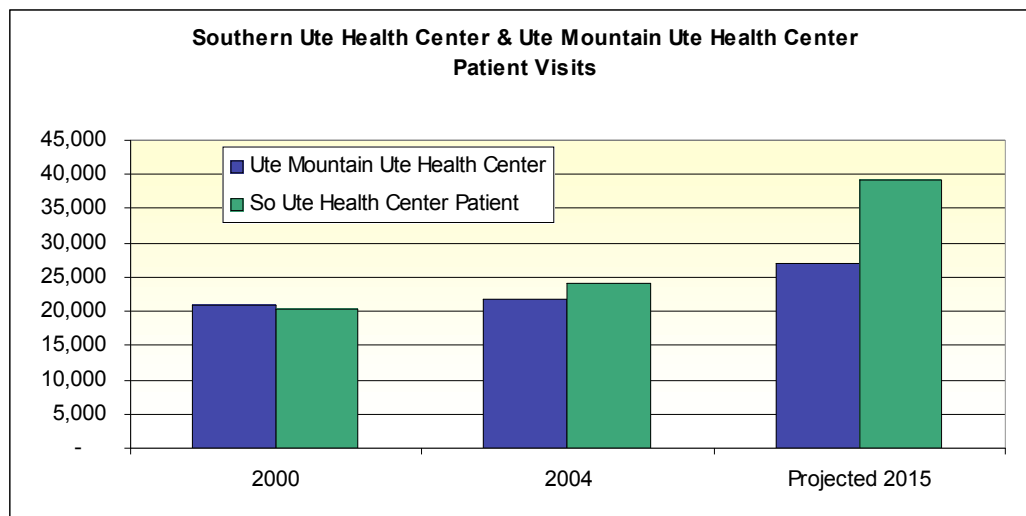


Users. Historical use patterns from 1997 - 2004 however, indicate that the Southern Ute Health Center could experience as much as a 100 percent growth over 2004 outpatient visits by the year 2015, while Ute Mountain Ute could see a 27 percent growth.

HSP uses formulas based on Total Primary Care Provider Visits (PCPVs). PCPVs to include physician visits for diagnosis typically seen by Family Practice, Internal Medicine, Pediatric, Obstetric/Gynecology, Tribal Physicians and Mid-Level Practitioners that support these specialties. The consultants used Outpatient visits to more accurately reflect provider workload based on need out of concern that PCPV use would not reflect true need when contract health providers and specialists are commonly used.

Based on historical use patterns the Southern Ute Health Center could expect to see approximately 42,950 patient visits in the year 2015, while Ute Mountain Ute could expect approximately 27,919 patient visits by 2015.

### SCUSU Patient Visits



In 2004 a whopping 44 percent of patients in the SCUSU registered as “Other” – not enrolled in either Southern Ute or Ute Mountain Ute tribe, and therefore services were provided without reimbursement by IHS. Some of these patients may be inmates from the local correctional facility that houses Native Americans from tribes around the southwest. Approximately 43 percent of the “Other” patients were seen at Southern Ute Health Center with 57 percent at Ute Mountain Ute Health Center. Although some of these patients may be eligible for Medicare and/or Medicaid insurance, many are not.

According to IHS Health Systems Planning software the average age of the SCUSU Active User population is 27.5 years (the 2000 U.S. Census shows that median age for Southern Ute is 29.3 years and Ute Mountain Ute is 23.6 years).



Almost 36 percent of the Ute Mountain Ute patient visits come from individuals over 45 years of age while patient visits from the 65+ age group alone increased 54 percent from 2000 - 2004. More than 43 percent of Southern Ute's patient visits are from individuals over 45 years old, with a 46 percent increase of patient visits from the 65+ age group. As the 'bubble' population in the 15-44 range ages, SCUSU services and facilities will obviously need to change to accommodate more prevention and prepare for diseases known to affect this aging population.

Despite limited funding SCUSU has demonstrated the ability to provide basic health care to the 5,410 Active Users within its boundaries. This has been achieved in spite of lower per capita expenditures for health care, estimated by the IHS to be less than 60 percent of national levels, and lower availability of health care services (25 percent annual availability of dental services versus 60 percent for U.S. population overall). Complicating these factors are the limited number of providers – almost 50 percent less per capita than the U.S. population overall.

Documentation prepared for this Plan indicates that by the year 2015, with a projected Active User population of 2,968 (according to the Health Systems Planning Software and NOT historical use projections, including Active Users with 43 percent of the projected "Other" population), the Southern Ute Health Center will need an ambulatory facility of at least 36,921 square feet. A projected User Population of 3,304 (also using HSP and including 57 percent of "Others") means that the Ute Mountain Ute Health Center will need an ambulatory facility of at least 40,763 square feet.

In summary, by 2015 the SCUSU will be forced to provide patient services to an increasing – and aging – population, with even fewer resources. The annual IHS budget has increased only approximately 3percent per year for facilities and services –much of which must be used for federally mandated "Cost of Living Adjustments" for staff salaries. The impact of this minimal increase on the IHS' ability to provide quality health care services cannot be understated. It has also resulted in under-funding of facilities, equipment, and other capital investment necessary to provide adequate health care services.

While an admirable approach, the “do more with less” medical practice can mean that true health care needs are never fully addressed, preventive care is neglected, and longer term, more serious chronic conditions result. An example is the 2004 Area-wide decision to restrict medical coverage to Priority One levels of care. The long-term outcomes of these reductions point to an increased – not decreased—health care burden on providers and facilities by the year 2015.

Finally, two pending issues will impact SCUSU’s level of health care services in the next few years. The Ute Mountain Ute Tribe has become a financial partner in the development of a proposed hospital in Blanding, Utah. The land was purchased and drawings completed in 2004, and construction is expected to start soon. The Southern Ute Tribe has petitioned IHS to contract its shares based on Indian Self Determination Act authority. Once approved, approximately 50% of the service unit’s funds will be withdrawn and the health center at Ute Mountain Ute Tribe will be the only remaining facility.

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## Planning Process

From October, 2004 to October 2005 the SCUSU Executive Committee including IHS employees met to provide input to the HSFMP regarding the level of services desired by the year 2015, medical service priorities, and facility needs. These documents help to form the basis for the HSFMP design and prioritization. A list of contacts is provided in Appendix D.

Service Unit administrative staff reviewed and discussed use of the health facilities, including:

- the number of patient visits by categories of disease classification with historical perspective (Fiscal Years 1997 – 2003);
- provider workload based on these patient visits;
- pharmacy, laboratory, dental, and medical visits;
- current and needed services in terms of “quality of care” and appropriate distance to obtain the service;

In addition, interviews with key staff provided information regarding facility operating hours, current staffing levels and projected staffing needs for 2015, productivity and efficiency, and recommendations for improvements in provision of health services, administrative functions, equipment, and the physical facility. Questionnaire responses are included in matrix format in Appendix E.



Administration and medical staff were consulted regarding the disparity of statistics between two systems used by IHS for data reporting: the Resource and Patient Management System (RPMS) and the IHPES/ORYX databanks. In some cases, staff doubted the statistics from both data reporting systems because they seemed too low and unrepresentative of actual patient use. The consultants determined that the IHPES/ORYX reports were more reliable, had less duplication of data and had more “clean” data across all service units in the Albuquerque Area. The IHPES/ORYX database was therefore chosen as the source for analysis. A few exceptions are noted, and RPMS was included in the HSFMP to elaborate on specific issues.

Medical diagnostic statistics for the IHS user population of Southern Ute and Ute Mountain Tribes were provided to executive committee members. This included, for example, the number of living patients diagnosed with Diabetes Mellitus Type 2 and its complications as of July 1, 2004. Data were pulled from the IHS-RPMS database using specific search criteria within the Q-Man data system for International Codes of Diagnostics (ICD-9) of Diabetes Mellitus Type 2. Other data provided includes patient diagnoses of asthma, hypertension, cancer, heart disease, and high cholesterol.

This information was presented to help tribal leaders and medical staff analyze the level of need based on diagnosis, patient volume, and provider workload and to determine adequate care for current and future needs. Included in the HSFMP is a description of existing facility and its adequacy to meet current and future service demands. The HSFMP developed as a result of this process will assist the SCUSU and the Albuquerque Area IHS to determine primary care and specialty care needs as well as the facilities required to ‘house’ these services.



## Findings: Health Services

The following findings and recommendations are the result of a 12-month planning process that included site visits, interviews with staff, and consultation with Health Board members.

Ambulatory medical services are provided at both SCUSU Health Centers 8 a.m. – 5:00 p.m. Monday through Friday, with a 1 hour lunch break. Walk-in patients are accepted every day except Wednesday morning. The clinics are closed every Thursday morning for administrative duties. Minimal evaluation, ambulatory care, limited pharmacy and referrals are provided at White Mesa Health Station two days per month.

The number of patients registered at SCUSU rose 13 percent between 2000 and 2004.

### SCUSU Registered Patients 2000-2004

			2000-2004	
Registered Patients	2000	2004	Number Change	Percent Change
Southern Ute Tribe	6,506	7,556	1,050	16%
Ute Mountain Tribe	9,750	10,765	1,015	10%
<b>Total</b>	<b>16,256</b>	<b>18,321</b>	<b>2,065</b>	<b>13%</b>

According to the IHS Resource and Patient Management System (RPMS) SCUSU averages approximately 33 deaths and about 590 new registered patients each year. No patient is ever 'removed' from the Registered Patient Index and as a result this number will only continue to expand through the years. Registered users can also reflect one-time use of the facility by a patient from another region of the country traveling through Ignacio, Towaoc, Cortez, Durango, or surrounding areas and stopping for medical services.

IHS Funding formulas and planning tools however, rely on the Active User Population which is substantially less. An Active User is defined as a patient who has interacted with any IHS facility across the United States at least once in the past three years.

The number of Active Users in the Southern Colorado Ute Service Unit barely increased from 2002 to 2004, while the number of patient visits rose 20 percent from 41,158 in 2000 to 49,275 in 2004.

**Southern Colorado Ute Service Unit Active User Population**

	FY 02	FY 04	# Change 02-04	% Change 02-04	2015 projected (2)
Active User Population (1)	5389	5,410	21	1%	6,272
Southern Ute	2,311	2,329	18	1%	2,968
Ute Mountain Ute	3,078	3,081	3	0%	3,304

(1) contains a % of "Other" (2) data from HSP based on Projected User Population formula

**SCUSU Patient Visits by Facility 2000 - 2004**

FACILITY NAME	2000	2001	2002	2003	2004	% Change 2000-04	2004 % of Total
Southern Ute HC	20,382	20,292	21,337	24,119	26,304	29%	53%
Ute Mountain Ute HC	20,771	20,974	18,453	21,706	22,677	9%	46%
White Mesa HS	5	31	5	33	294		1%
<b>TOTAL</b>	<b>41,158</b>	<b>41,297</b>	<b>39,795</b>	<b>45,858</b>	<b>49,275</b>	<b>20%</b>	

Overall, SCUSU has managed to provide comprehensive patient care with decreasing financial resources relative to an increasing patient load. Congressional budget increases averaging 3 percent per year cover mandated Cost of Living Adjustments (COLA), but are insufficient to replace equipment, hire new staff, or replace staff who have left. In fact, every Service Unit throughout the Albuquerque Area (and nationwide) depends on third party reimbursements to cover program, staffing, and equipment costs.

In 2004 the federal appropriation for SCUSU based on tribal shares and Resident Active User Population was \$3,582,267 for staffing of the Indian Hospital inpatient and outpatient medical facilities, equipment, and facility management; another \$1.4 million was provided for Contract Health Services, with approximately \$700,000 going to each tribe.

## Southern Colorado Ute Service Unit Recurring Base Funding

	FY 1997	FY 2004	% Change
PROGRAM	RECURRING	RECURRING	97 – 04
HOSPITALS & CLINICS	\$2,064,450	\$2,677,124	30%
DENTAL	\$326,933	\$525,443	61%
MENTAL HEALTH	\$176,622	\$213,285	21%
SUBSTANCE ABUSE *	\$51,476	\$40,340	-22%
PUBLIC HEALTH NURSE **	\$66,472	\$80,372	21%
HEALTH EDUCATION **	\$48,757	\$27,545	-44%
CONTRACT HEALTH SERV***	\$1,218,859	\$1,415,931	16%
<b>TOTAL</b>	<b>\$3,953,569</b>	<b>\$4,980,040</b>	<b>26%</b>

Source: AAIHS Recurring Base Funding Statistics

\*Substance Abuse program funding for Ute Mountain Ute; Southern Ute Tribe has ISDA contracted funds.

\*\*Funding is for Ute Mountain Ute programs only;

\*\*\*\$680,939 to Southern Ute Health Center; \$734,992 to Ute Mountain Ute

The IHS allocation was supplemented by approximately \$1.6 million from third party reimbursements including Medicare and Medicaid. With more than 23 percent of its revenue dependent on Medicare and Medicaid funding (2004) the SCUSU will need to make difficult changes to accommodate its future existence.

## SCUSU Third Party Insurance Collections 1997 - 2004

SCUSU Third Party Insurance Collections 1997 - 2004					% Change	% of Total
	1997	2000	2003	2004	1997-2004	2004
Private	70,385	164,865	286,091	328,732	367%	6%
Medicaid	199,585	333,434	732,694	949,841	376%	18%
Medicare	141,293	155,762	212,154	274,052	94%	5%
Other	-	-	71,404	36,791		1%
<b>Subtotal 3rd Party Insurance</b>	<b>411,263</b>	<b>654,061</b>	<b>1,302,343</b>	<b>1,589,416</b>	<b>286%</b>	<b>31%</b>
Federal Appropriations	2,734,710			3,564,109	30%	69%
<b>Total</b>	<b>3,145,973</b>			<b>5,153,525</b>	<b>64%</b>	<b>100%</b>

Source: IHS budget data \* Represents the entire appropriation including CHS, and minus mental health program ISDA/638 amount for Ute Mountain Ute and Southern Ute Tribes of \$\*\*\*. 2004 data may be incomplete



Also in 2004 the Ute Mountain Ute Tribe received \$391,509 for its ISDA/638 mental health and diabetes outreach programs, while Southern Ute received \$114,736.

**SCUSU BUDGET**

	FY 1997	FY 2003	FY 2004	Number Change 1997 - 2004	% Change 1997 - 2004
<b>REVENUES</b>					
Total SCUSU Federal Appropriation (1)	\$2,734,710	\$3,541,976	\$3,564,109	\$829,399	30%
3rd Party Collections	\$413,260	\$1,304,346	\$1,591,420	\$1,178,160	285%
<b>Subtotal Revenues</b>	<b>\$3,147,970</b>	<b>\$4,846,322</b>	<b>\$5,155,529</b>	<b>\$2,007,559</b>	<b>64%</b>
<b>EXPENSES</b>					
Hospitalizations (2)	\$627,614	\$681,986	\$1,290,383	\$662,769	106%
Dental (2)	\$16,360	\$33,780		(\$16,360)	-100%
Non-Hospital Service Administration / Providers (2)	\$1,004,517	\$1,208,238	\$2,066,540	\$1,062,023	106%
<b>Total CHS Expenditures (2)</b>	<b>\$1,648,491</b>	<b>\$1,924,004</b>	<b>\$3,356,923</b>	<b>\$1,708,432</b>	<b>104%</b>
<b>POPULATION SERVED</b>					
ACTIVE USER POPULATION	5,167		5,410	243	5%
OUTPATIENT VISITS (3)	28,815	45,858	46,275	17,460	61%
INPATIENT Admissions	491	500	324	-167	-34%

(1) IHS Recurring Budget without CHS

(2) IHS Albuquerque Area Operational Summaries directly from RPMS

(3) Includes Southern Ute and Ute Mountain facilities. All data from IHPES/ORVX with exception of 1997 Outpatient Visits

Since patients have the right to receive medical services at any facility that accepts their insurance, it is imperative that SCUSU begin to improve and market its services to attract new and retain existing patients. Threatened Medicare budget cuts may result in reduction of services for tribal members using outside medical care and encourage their return to IHS for health care. The same Medicare cuts would be felt by IHS, however, and it would be forced to provide additional services to tribal members with declining Medicare revenues.

Due to low funding levels the IHS restricts patient care to Priority One medical conditions and thereby inhibits most preventive care and limits access to specialists. The Prioritization schedule is provided on pages 45-46.

A critical finding of this HSFMP is that medical recordkeeping throughout the Area-wide RPMS lacks standardization. Consultants found conflicting or inaccurate statistical reports on patient visits, provider workload, and facility use throughout the entire Albuquerque Area. Some statistical inaccuracies were due to poor data entry or recordkeeping by providers; other inaccuracies may have been due to poor data entry because of unreadable codes in charts. Chart reviews conducted by IHS area staff indicated that approximately 25% of data entry may be suspect. Since the IHPES data are used to provide reports for providers and patients, this statistical omission indicates a problem exists.

Reporting of poor or inadequate statistics can create funding formula problems and lead to inadequate medical service delivery within Southern Colorado Ute Service Unit. Poor statistics affect formulas used for program funding and staff positions; they also affect health care delivery when used for planning and implementation of health services. Discovery of these statistical problems early in the HSFMP process encouraged Albuquerque Area IHS to develop standardized coding protocols and staff training curriculum to improve data entry. This training was implemented in late 2004, and results should be noticeable by late 2005.

Complicating the issue of coding and statistics is the IHS practice to convert specific ICD-9 codes into more general disease codes in the RPMS system. For example, an IHS medical records clerk will enter any of the ten ICD-9 codes used to describe varying conditions for Diabetes Mellitus Type II as the one diagnostic code (080)—also known as “APC”—which defines Diabetes Mellitus.

Moreover, the IHS/APC codes are so generalized that they can mask the extent of and complications associated with a disease category. For example, no IHS code exists for “Asthma” even though a search using the ICD-9 codes in the Q-Man data of the RPMS system shows that as of July 1, 2004 126 Southern Colorado Southern Ute Service Unit tribal members were diagnosed with Asthma. Instead, the IHS codes refer to conditions such as “upper respiratory infection”, or “acute bronchitis” or “chronic bronchitis” or “respiratory disorder”.

Comparison between the IHS/APC and ICD-9 systems is difficult and virtually impossible without a “key” to decipher the codes. The use of IHS/APC coding is confusing, duplicative, and unnecessary.

The Albuquerque Area Diabetes “Datamart” Project conducted random chart reviews of approximately 35% of the Albuquerque Area known patients with diabetes. It found that the datasets from RPMS contain one record per encounter, per client. Clients can have multiple encounters on a single date. Clients are identified at the encounter by two fields: ASUFAC (area/service unit/facility code) and HRN (Health Record Number). Problems were noted because a single client may not have the same values for these fields on all records.

The ASUFAC can change because the client was seen at different facilities or because the codes for ASUFACs are changed in the IHS system. HRNs may change because they are assigned at the facility or service unit level. Social Security Numbers (SSNs) recorded on these records can help identify patients but some records do not have SSNs, and others contain data entry errors that result in incorrect SSNs for patients.

Further complicating the consistency of data for statistical purposes is the data recorded by tribal contract and compact programs such as Substance Abuse, Diabetes, and Community Health Representatives. The problem is pronounced when this data is not shared with IHS nor entered to the RPMS system. It is virtually impossible to tally the number of patients seen at SCUSU who are diagnosed with substance abuse, since substance abuse patients usually interact with the medical system only when prompted by another condition, which then takes precedence as a Primary Diagnosis and is recorded by diagnostic code.

Both RPMS and IHPES/ORYX data collection systems are flawed due to inconsistent data entry; however, it was decided through the HSFMP planning process that the IHPES/ORYX data was more reliable and should be used as the basis for facility planning. It is used throughout all Area Plans except where noted otherwise.

Unfortunately, the IHS data – whether it is RPMS or the IHPES databank -- is all that is available for planning purposes. Without Active User population statistics from 2000 consultants used a variety of measures to interpret the data. Wherever possible, data analysis throughout this HSFMP is adjusted for conditions that may have affected patient volume, such as long-term loss of a medical provider.



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## Other significant findings: Health Services

### 1. Recordkeeping.

The quality and consistency of recordkeeping and data entry may vary by service provider, resulting in inaccurate statistics. In fact, inconsistent use of provider codes resulted in large variations in provider data by facility, with consultants finding that no consistent use or definition of “Family Practice”, “General Medicine” and other Medical Doctor titles existed between Service Units.

- a. Statistical reliability varied greatly between the nine service units of the Albuquerque Area and to some degree, within SCUSU.
- b. Poor recordkeeping by health care providers or medical records documentation negatively influences statistics and funding.
- c. Poor recordkeeping may inaccurately indicate a reduction in service need.
- d. A reduction in the number of patient visits for a particular health service may be the result of service interruption due to staff shortage or budget restraints; it could also be the result of poor data entry. It may not reflect the actual need.
- e. Lack of patient data/communication between SCUSU and tribal programs, most importantly the Ute Mountain Ute Diabetes Programs and Community Health Representatives (CHRs) is compounded by staff interpretation of Health Insurance Portability & Accountability Act of 1996 (HIPAA) rules. The issue is further compounded for Ute Mountain Ute when a patient receives services at a hospital or another medical clinic and then returns to the SCUSU clinics for follow-up care. This lack of case management results in inconsistent data that do not record laboratory, pharmacy or care provided to a patient moving from one facility to another. This places patients and providers at risk of inaccurate information and poor medical care.
  - Southern Ute Health Center maintains close communication with tribal program staff and this was not identified as a problem for their operations. Southern Ute also has direct admitting privileges at local hospitals which allows them to maintain constant care and case management services.
- f. In late 2004 Ute Mountain Ute medical staff reported a backlog of over 400 EKGs that had been performed throughout the year but not filed in patient records.

### 2. Migration of Urban Indians.

IHS does not have a mechanism for reimbursing cost of care for “Urban” Indian patients who receive care at a facility that is not located in their home service unit. In 2004, the SCUSU RPMS system showed that approximately 44% of patients in the SCUSU were “Other” users. Although some of these patients may be eligible for Medicare and/or Medicaid insurance, many are not. This represents an enormous burden on resources that must be addressed by IHS on the Area and national levels to prevent further degeneration of services for Ute Mountain Ute and Southern Ute tribal members.



### 3. “No-Show” appointments.

The ambulatory medical clinic at Ute Mountain Center experiences a (average ) percent ‘no-show’ rate for scheduled appointments; Southern Ute Health Center experiences a 40 -50 percent No-Show Rate. Dental services at Ute Mountain Ute Center report a \*\* percent no-show rate, while Southern Ute dental services report a \*\* percent no-show rate.

Schedulers often rely on this high rate and will double or triple book appointments, potentially affecting provider productivity, room / space utilization, waiting times and patient services if the original appointment shows up. At the same time the number of ‘walk-in’ patients is on the rise, probably because people understand that they can more quickly access medical care by showing up at the clinic than waiting for an appointment. It has also been suggested that a high turnover of medical staff contributes to lack of trust, and therefore higher ‘no show’ rates.

### 4. Wait Times

Wait times also vary between the two health centers. At Southern Ute Health Center patients will receive triage attention within 10 minutes of arrival, and wait up to 20 minutes from sign-in to see a medical provider. At Ute Mountain Ute Health Center ... \*\*

### 5. Direct hospital admitting ability varies

Patients referred by Ute Mountain Ute Health Center for psychiatric and other in-patient services at area hospitals may be re-evaluated and some psychiatric patients may not be admitted and told to return home. Southern Ute Health Center maintains direct admitting privileges at Mercy Medical Center and does not experience the same issues with patient admitting, in-hospital care or patient follow-up.

### 6. Contract Health Services

A review of CHS expenditures indicates that the SCUSU Contract Health Service expenditures grew by 104 percent between 1997 and 2003. Lack of access to certain medical specialties (e.g., orthodontry, podiatry) within the IHS service delivery system means that these providers can only be used by referral through the CHS system, which is controlled by Priority One status and review by the SCUSU administration. The referral and payment system is handled differently by Ute Mountain Ute Health Center and Southern Ute Health Center. To assist tribal members in receiving optimal care, Southern Ute Tribal administration pays for referral care for tribal members rather than wait for Indian Health Service CHS approvals. The tribe has also purchased prescription drug insurance for members through a national tribal pharmaceutical insurance program. As a result Southern Ute tribal members receive a higher standard of care per patient than at any other service unit in the Albuquerque Area. Ute Mountain Ute tribal members follow the IHS referral and cost reimbursement system.



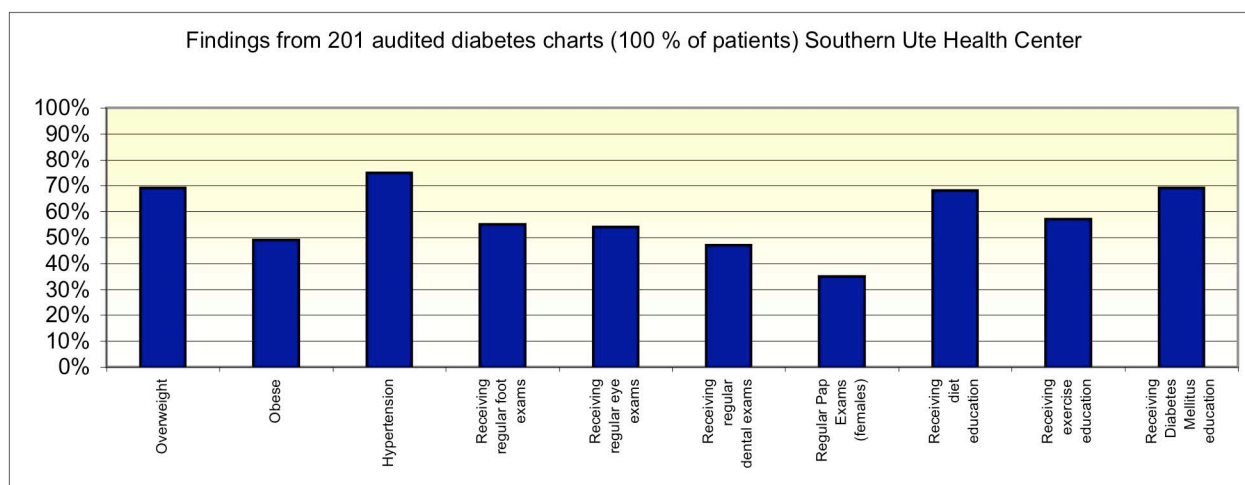
As a result of Priority One and lack of CHS dollars, patients receive inadequate preventive care and ultimately IHS will pay with higher long-term health care costs. Long appointment wait times for some dental services and limited appointments for specialized care (e.g., podiatry, orthodontry) provided through Visiting Professionals or CHS dollars restrict access to services that are critical for certain preventive care outcomes and negatively impact the quality of care as well as patient health.

## 7. Limited Prevention and Education Activities Impact Health Status.

Tribal leaders throughout the Albuquerque Area expressed concern that lack of preventive care, education, and outreach has negatively impacted the health status of their communities. Lack of coordination between programs that Ute Mountain Ute Tribe has taken control of through the Indian Self-Determination Act, and the medical and program staff of Ute Mountain Ute Health Center is a problem that leads to poor quality of prevention and outreach activities. Although tribes that choose to exercise Self Determination contracts for some programs such as diabetes have control over their program activities, experience in other IHS Service Units shows greatly improved results when tribal staff—who are usually not medically trained—are strongly supported by and even integrated with medical providers and IHS staff.

## 8. Meeting IHS Standards of Care

The Albuquerque Area's Diabetes Project Audit of diabetes charts in 2004 revealed the following information. Of the 412 diabetes charts in the registry, 100 percent were audited at both health centers, with a summary of the findings provided below.



**9. Staff Recruitment and Training**

In some cases, hiring freezes implemented through reduced budgets prohibit use of on-going federal funds to hire staff. Some medical providers indicated that staff recruitment and retention is a problem. New Mexico itself experiences a lack of licensed specialty physicians, nurses, dentists, and other providers, making recruitment and retention in rural locations such as Ignacio or Cortez, a true challenge. In some cases the SCUSU has no alternative than to provide necessary services through contracted employees, or through CHS expenditures because they simply cannot get qualified applicants for vacant positions. Finally, staff responsible for training and orientation programs also report lack of space for training activities and no time to conduct the trainings.

**10. Pharmacy**

The medical staff and HIS administration anticipate an increase in pharmacy services as the number of prescriptions and need for prescription management increase, reflecting changing Standards of Care throughout the medical industry. There is a growing demand for prescription workshops or specialty information clinics for both medical providers and patients, to better understand drug interactions and appropriate pharmaceutical choices. Pharmacists expect to provide more case management in renal and diabetes care, and overall become more clinically involved with patient education.

**11. Laboratory and XRay**

According to statistics kept by the Laboratory and XRay department of the Southern Ute Health Center services have increased as much as 32 percent over the past 4 years. This includes a 12.9 percent increase for laboratory tests, and 82 percent for XRay exams.

	<b>2001</b>	<b>2004</b>	<b>% Change</b>
Laboratory Test	8167	10737	32%
Laboratory Visit	19370	26633	37%
XRay Exam	381	642	82%



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## Recommendations: Health Services

### 1. Improved Data Quality

- a. Standardize data entry, medical records, coding of provider services, etc.
- b. Eliminate use of IHS/APC codes and practices that congregate ICD-9 codes into nonstandard medical categories.
- c. Expedite installation of Electronic Health Records to facilitate flow of patient data between clinics and provide improved medical care with less risk to patient and provider.
- d. Obtain funding for use of Palm Pilots to improve data entry especially for field providers, public health nurses and community-based educators.

### 2. Health Care Coverage

Work with other Area offices, national IHS and the U.S. Congress to adopt nationwide healthcare system that will require reimbursement to Service Units for Urban Indian patient care. In essence, the dollar follows the patient and is not automatically sent back to the home service unit.

### 3. Expansion of Services

- a. Expand services at Ute Mountain and Southern Ute Health Centers to provide at least one evening clinic per week to accommodate working patients and families.
- b. Regionalize or consolidate supplies and pharmaceutical drug purchasing to reduce costs and allow pharmacists in community clinics to expand patient education and outreach.
- c. Develop “mobile clinics” that would go into the community to provide “clinics in a suitcase” for high-volume diagnoses categories including podiatry and diabetes. The Tohono’o’dom Tribe in Arizona has experienced significant improvements in tribal members’ health and a drastic reduction in the number of lower limb amputations since such a process was instituted. Mobile mammography services could be shared for example, among different service units.
- d. Expand prevention activities and coordinate activities with tribal ISDA programs, especially for high-risk individuals and patients that fall within major disease categories such as diabetes and hypertension.
- e. Most tribal staff do not have extensive medical training; providing support and partnership with SCUSU medical providers would improve program outcomes.
- f. SCUSU could adopt Southern Ute’s commitment to act as “case managers” to follow patient care, integrate treatment planning, and improve overall coverage for patients, including care provided through CHS expenditures to area hospitals and CHS referrals.



**4. Outreach Activities**

- a. Improve outreach, education and prevention activities to reduce long-term effects of chronic illness.
- b. Improve communications, training opportunities, and cooperation between medical staff, administration, and tribal programs, especially with diabetes, substance abuse, and mental health services.
- c. Develop Memoranda of Understanding between IHS, SCUSU , Bureau of Indian Affairs, and the tribal programs to reduce duplication of services and channel needed funds into creating a regional tribal Detoxification Center and prevention programs.
- d. Increase the number of patient liaison/patient advocate positions for follow-up care after in-patient care at area hospitals.
- e. Institute a system of “Appointment Reminder Calls” for patients to reduce the number of ‘no-show’ appointments for regular ambulatory clinics and specialty /visiting professional clinics, thereby improving provider productivity and patient care.

**6. Continuum of Care**

Expand home health care services. Public Health nurses do not bill Medicare for home health because this is not an eligible activity. However, SCUSU could create a home health care department and expand this service.

**7. Podiatrist on Staff**

Experience at other Service Units and other IHS Areas indicate that using third party reimbursements or diabetes grant monies to hire a part- or full-time podiatrist has significantly reduced the number of lower limb amputations and improved overall health of diabetes patients. It is an irony of IHS that amputations are an approved health care cost, but podiatry and foot care are not high priorities.

**8. Create a SCUSU Health Center Foundation**

Incorporating the Southern Colorado Southern Ute Health Board as a not-for-profit 501(c)3 organization would allow it to more easily raise funds for programs, staff, equipment, training, and other activities. Whether the Health Board or another entity assumes leadership of a Foundation, it is an important additional source of funds that practically every private hospital in America has discovered.



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## Findings: Facilities

The IHS has developed a Healthcare Facilities Construction Priority System (HFCPS) which reviews and evaluates all IHS-operated medical facilities. The Facilities Needs Assessment Workgroup and the Facilities Appropriation Advisory Board (FAAB) have developed and reviewed evaluation criteria that provide methodology for this priority-setting activity. The HFCPS will incorporate findings from the Health Services and Facilities Master Plans to rank healthcare facilities construction and renovation needs.

IHS uses a Supportable Space Formula to determine required space, using a standardized formula which was developed and applied to estimate the space that IHS supports for allocation of Maintenance and Improvement Funds. This method does not account for the demographics of the user population.

A second method uses the Base Health Systems Planning (HSP) Software to provide a more detailed measure of the facility needs, based upon demographics of the served.

The Federal Engineering Deficiency System (FEDS) categorizes the facility deficiencies that require repair or renovation and provides cost estimates to address them. Deficiencies noted on the SCUSU Facility Sheet on page \_\_\_\_ are estimates and may need to be changed.

### 1. Facility Design and Adequacy to Meet Current & Projected Service Need

- a. The existing Ute Mountain Ute and Southern Ute Health Centers were originally designed in 1978 and 1980 to accommodate a patient load of \*\* patient visits / year.
- b. Increased outpatient workload requires addition of at least four more examination rooms at Southern Ute Health Center, and \_\_\_\_ rooms at Ute Mountain Ute Health Center to provide smooth flow of patients and accommodate appropriate level of care.
- c. Patient registration has compromised confidentiality and very limited space for charts, filing at both facilities. The patient registration position has been vacant for 4 years and filling this position should be a priority, plus equipment and training.
- d. Throughout both facilities a significant lack of storage space was noted, as well as lack of secure filing systems; there is no break room for medical providers aside from the conference room.
- e. There is no adequate space for family consultation if patients need to be counseled for contract health, referrals, or pharmaceuticals.



**2. Health Center Equipment**

All staff reported equipment shortages, outdate computer equipment. Installation of Electronic Health Records should substantially improve patient registration but until then, additional computers are needed to improve services. The Service Unit does not have dedicated Information Technology staff and must rely on Albuquerque Area office for assistance, which can take days to resolve a problem.

Other equipment needs include:

- Copier, Fax Machine, Printer, Addressograph
- Patient Registration Needs Computers, Photocopiers
- New Computers, Scanner
- New Phone System
- Professional supplies such as psychological tests and educational pamphlets.

**3. Medical Records**

Space is inadequate to meet current staffing need; it will become an urgent need with any clinic expansion. The office is cramped and files are piled high because filing and storage space is needed.

**4. Dental**

Expansion of space will be required with increased workload and additional providers to meet the workload.

**5. Staff Lounge**

There is no staff lounge; staff usually use the one conference room for lunch breaks, unless it is in use for training or meeting.

**6. Staff meeting / training / education**

The staff commonly meets in the conference room. Aside from this room, no facilities exist for mandatory staff training or education seminars.



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## Recommendations: Facilities

### 1. Facility Improvements to Meet Service Need

- a. Renovate the SCUSU Health Centers to accommodate improved information technology and for telemedicine.
- b. Renovate the SCUSU Health Centers to better accommodate ambulatory patient care which includes increasing the number of outpatient/examination rooms.
- c. Renovations needed include additional staff meeting and education rooms, storage space, expanded file management space.
- d. Provide space for communication health education and outreach classes and workshops.
- e. Provide 'break room' space for nursing and medical staff.

### 2. Facility Improvements by Department to Meet Service Need

Based on site visits and staff interviews

- a. Group patient education rooms for diabetes, obesity, hypertension, etc.
- b. Expand storage capacity for confidential records, supplies and equipment.
- c. Update computer software. Most (all?) systems still operating with Windows 98 software.
- d. Create a play area in waiting room so the children have some activities to keep them occupied.
- e. Staff space in the dental area for dental assistants.
- f. Expand to 8 examination rooms to improve patient flow and accommodate increased number of specialists to meet identified need (Rheumatologist, Pediatrician, Physical Therapist).
- g. Provide one more office for Public Health Nursing; provide shared office space to be used on rotation basis for nutrition counseling, diabetes, etc.
- h. Move Contract Health Services to an expanded office with capability for locked files and storage.



## Demographics and Physiographic Features of the Area

### Service Unit Boundaries

The existing administrative boundaries of the two tribes that make up the SCUSU, located in portions of Montezuma and La Plata Counties of southwestern Colorado have been used in this report. SCUSU has responsibility for providing access to inpatient facilities and medical services within 90 minutes (approximately 95 kilometers) driving time, for patients registered with the three Service Unit tribes. Access to outpatient facilities is based on a 30 minute (30 kilometer) standard. The time/distance IHS standards for health centers and inpatient facilities are met throughout SCUSU.

There is a significant migratory pattern that indicates how members of other tribes use the facilities of the SCUSU and facilities within the overall Albuquerque Area IHS system. This pattern also shows use of each facility by Urban Indians (see Appendix M).

The SCUSU Active User population and projected user population are presented below, comparing these numbers to the U.S. Census population.

	2000 Census	FY 00	FY 04	% Other	Total	# Change 00-04	% Change 00-04	2015 projected (1)
Active User Population	5,239		5,410					6,272
Southern Ute	2,337		1,299	1,030	<b>2,329</b>			2,968
Ute Mountain Ute	2,902		1,170	1,371	<b>3,081</b>			3,304

The average age of the SCUSU Active User population is 27.5 years, while 44% of the patient visits came from individuals over 45 years of age. The chart below outlines patient visits to SCUSU by age. As the 'bubble' population in the 15-44 range ages, SCUSU services and facilities will obviously need to change to accommodate even more prevention and disease categories that affect this group.



## SCUSU Outpatient Visits by FACILITY by AGE 2000-2004

Age	2000	2001	2002	2003	2004	2004 % of Total
<b>SOUTHERN UTE HEALTH CENTER</b>						
0	504	544	340	458	555	2%
1-14	3,423	3,129	3,350	3,542	3,865	15%
15-44	8,607	8,298	8,500	10,394	10,516	40%
45-64	4,975	5,039	5,762	6,443	6,981	27%
65+	2,925	3,283	3,385	3,282	4,387	17%
TOTAL	20,434	20,293	21,337	24,119	26,304	100%
<b>UTE MOUNTAIN UTE HEALTH CENTER</b>						
0	573	359	302	259	368	2%
1-14	4,001	4,090	3,138	3,189	3,169	14%
15-44	10,466	10,546	8,982	10,426	11,090	49%
45-64	4,358	4,556	4,415	5,663	5,523	24%
65+	1,369	1,423	1,616	2,168	2,527	11%
TOTAL	20,767	20,974	18,453	21,705	22,677	100%
<b>WHITE MESA HEALTH STATION</b>						
1-14	1			1	19	6%
15-44	5	16	1	18	152	52%
45-64	2	10	3	6	58	20%
65+		5	1	9	65	22%
TOTAL	8	31	5	34	294	100%

Source: 2004 data from IHS/IHPES.





### Service Unit Location

Facilities in Durango, Shiprock, Cortez, Grand Junction, Farmington, Blanding, UT, Gallup, Santa Fe, and Albuquerque, NM provide alternative referral sites for patients throughout SCUSU. The distance to SCUSU Health Centers and other medical providers is listed below.

## DISTANCE TO CLINICS / HOSPITALS from Key SCUSU Communities

Key SCUSU Communities	Durango Facilities	Santa Fe, NM Clinics / Hospitals	Albuquerque, NM Clinics / Hospitals	Gallup, NM Clinics / Hospitals	Farmington, NM Clinics / Hospitals	Blanding, UT Facilities
Towaoc, CO	60 miles	270 miles	264 miles	126 miles	60 miles	95 miles
Ignacio, CO	24 miles	203 miles	229 miles	204 miles	65 miles	149 miles
White Mesa, UT	108 miles	295 miles	287 miles	157 miles	91 miles	49 miles

## Distance Between Communities within AAIHS

PLACE

ACOMITA

ALAMO

ALBUQUERQUE

CANONCITO

COCHITI PUEBLO

DULCE

IGNACIO

ISLETA PUEBLO

JEMEZ PUEBLO

LAGUNA PUEBLO

LOS ALAMOS

MESCALERO

MOUNTAIN VIEW (RAMAH)

NAMBE

PENA BLANCA

PICURIS PUEBLO

POJOAQUE

SAN FELIPE PUEBLO

SAN ILDEFONSO PUEBLO

SAN JUAN PUEBLO

SANDIA PUEBLO

SANTA ANA PUEBLO

SANTA CLARA PUEBLO

SANTA FE

SANTO DOMINGO PUEBLO

TESUQUE PUEBLO

TAO'S PUEBLO

TOWAOC

WHITE MESA

YSLETA DEL SUR

ZIA PUEBLO

ZUNI PUEBLO

ACOMITA

ALAMO

ALBUQUERQUE

CANONCITO

COCHITI PUEBLO

DULCE

IGNACIO

ISLETA PUEBLO

JEMEZ PUEBLO

LAGUNA PUEBLO

LOS ALAMOS

MESCALERO

MOUNTAIN VIEW (RAMAH)

NAMBE

PENA BLANCA

PICURIS PUEBLO

POJOAQUE

SAN FELIPE PUEBLO

SAN ILDEFONSO PUEBLO

SAN JUAN PUEBLO

SANDIA PUEBLO

SANTA ANA PUEBLO

SANTA CLARA PUEBLO

SANTA FE

SANTO DOMINGO PUEBLO

TESUQUE PUEBLO

TAO'S PUEBLO

TOWAOC

WHITE MESA

YSLETA DEL SUR

ZIA PUEBLO

ZUNI PUEBLO

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Distances between communities within AAHS (in Miles)

## AAIHS Service Unit Map



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## Existing Location and Health Services Provided

Medical services for the SCUSU are provided through one IHS-owned ambulatory clinic on the Ute Mountain Ute Reservation, and one IHS – leased facility on the Southern Ute Reservation.

In addition to these clinics, the Sunrise Regional Treatment Center located in San Fidel, New Mexico next to the Acoma-Canoncito-Laguna Indian Hospital is operated by the IHS as an in-patient facility for youth referred from around the Albuquerque Area, who need intensive treatment for substance abuse.

Facility data is summarized on the facility sheets that follow.



## Southern Ute Health Center Facility Sheet

## Southern Ute Health Center



## SERVICES PROVIDED

Primary Care	Pharmacy
Dental Clinic	Laboratory
Audiology	Public Health Nursing
Mental Health	Plain Film XRay
Ultrasound	
Specialty Clinics including Optometry, Rheumatology, Allergy	

## FACILITY DATA

Installation Number	
Year	
Built	1978
City, State	Ignacio, CO
County	La Plata
IHS Owned/Leased?	Leased
Distance to Service Unit Office	0
Total Square Footage	6,867
2015 Projected Square Footage Need	40,763
# of Buildings	1
# of Housing Quarters	N/A
# of Licensed Hospital Beds	N/A
# of Staffed Hospital Beds	N/A

## PRIORITY ISSUES

*Facility Deficiencies:*

Safety	\$2,578
Compliance	3,793
Maintenance & Repair	132,548
<b>TOTAL</b>	<b>\$138,919</b>

*Health Board Priorities/Staff Priorities:*

Based on interview matrix and staff prioritization process.

User Population	1997	2004	2015 (projected)
Non-Service Unit Tribal Members	2,559	2,416	2,754
Total User Population So Ute	1,205	1,299	1,454
Total User Population Ute Mountain Ute	1,583	1,710	1,936
Total User Population SCUSU	5,167	5,410	6,272
Average Daily Outpatient Load	-	-	-



## Ute Mountain Ute Health Center Facility Sheet

# Ute Mountain Ute Health Center



## SERVICES PROVIDED

Primary Care  
Pharmacy  
Dental Clinic  
Limited Laboratory  
Audiology  
Public Health Nursing  
Mental Health

## FACILITY DATA

Installation Number	
Year	
Built	1980
City, State	Towaoc, CO
County	Montezuma
IHS Owned/Leased?	IHS Owned
Distance to Service Unit Office	40.4 mi.
Total Square Footage	4,564
2015 Projected Square Footage Need	36,921
# of Buildings	1
# of Housing Quarters	N/A
# of Licensed Hospital Beds	N/A
# of Staffed Hospital Beds	N/A

## PRIORITY ISSUES

### Facility Deficiencies:

Safety	\$2,578
Compliance	3,793
Maintenance & Repair	132,548
<b>TOTAL</b>	<b>\$138,919</b>

### Health Board/Staff Priorities:

Based on interview matrix and staff prioritization process.

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Non-Service Unit Tribal Members	2,559	2,416	2,754
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Total User Population Ute Mountain Ute	1,583	1,710	1,936
Total User Population SCUSU	5,167	5,410	6,272
Average Daily Outpatient Load	-	-	-
Average Daily Inpatient Load	N/A	N/A	N/A



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## Health Services Delivery Plan

As a result of decreased inpatient and ambulatory services due to Priority One service designations, Contract Health Service dollars are being used to make up for the deficiencies of the health services not provided within IHS facilities. Therefore, it may be impossible to reasonably project CHS needs by the year 2015. Use of CHS dollars to pay for care is not a clear measurement of health care service need, nor is it an adequate measurement of the ability of the Service Unit to provide health care, within its budget allocation. By limiting patient referrals and access to health care, the IHS is only delaying the inevitable backwash of medical problems that result from failing to address primary or preventive care now.

SCUSU continues to use contract inpatient services for acute, specialty, and sub-specialty care that are not provided directly at the SCUSU Health Centers or Santa Fe Indian Hospital. These services include:

- Acute psychiatric care
- Tissue biopsy
- Bone marrow transplant
- Burn unit treatment
- Dialysis
- Cancer diagnosis and treatment
- Cardiology
- Day Surgery
- Chemotherapy/radiation
- Critical spinal care
- CT scan
- Ear/nose/throat surgery
- Gynecology surgery
- Intensive care
- Long-term care
- Neurosurgery
- Obstetrics Levels I, II & III
- Ophthalmology surgery
- Orthopedic surgery
- Organ transplant
- Vascular surgery
- Trauma critical care
- Neonatal and pediatric surgery

There are private and specialty hospitals and facilities frequently used by SCUSU to provide unmet needs and to handle cases that are beyond the capacity of the current IHS health system. These facilities include:

- Mercy Medical Center in Durango, CO
- \*\*\* Farmington, New Mexico
- Southwest Memorial Hospital, Shiprock, NM
- \*\*\* in Cortez, CO
- St. Mary's Hospital, Grand Junction, CO
- St. Vincent's Hospital, Santa Fe, NM
- Presbyterian Hospital, Albuquerque, NM
- Heart Institute of New Mexico, Albuquerque, NM
- Albuquerque Regional Medical Center, Albuquerque, NM
- Heart Institute of New Mexico, Albuquerque, NM



- Carrie Tingley Hospital, Albuquerque, NM
- Heights Psychiatric Hospital, Albuquerque, NM
- University of New Mexico Hospital, Albuquerque, NM
- University of New Mexico Mental Health Center, Albuquerque, NM

A list obtained by search of the Yellow Pages shows that additional health care facilities are available within 50 miles of Southern Colorado Southern Ute Service Unit. This list is included in Appendix G.

### Ambulatory Medical Services

In 2004, the SCUSU Service Unit registered 49,276 outpatient visits, representing 8% of the entire Albuquerque Area ambulatory visits. In general, the statistics indicate that the SCUSU realized a 20% increase in the number of outpatient visits from 2000 to 2004. The following chart indicates use of SCUSU facilities in comparison to other Service Units.

### SCUSU Outpatient Visits Compared to Albuquerque Area IHS

Service Unit	2000	2001	2002	2003	2004	% Change 2000-2004	2004 % of Total
Albuquerque	137,908	136,053	137,255	121,201	131,142	-5%	20%
Santa Fe	130,016	135,289	128,835	114,089	114,482	-12%	18%
Zuni	79,476	79,350	83,585	86,969	89,312	12%	14%
Acoma Canoncito Laguna	78,889	85,453	105,081	82,834	83,265	6%	13%
ABQ / Tribe 638	18,857	31,411	46,327	68,731	71,256	278%	11%
<b>Southern Colorado</b>	<b>41,158</b>	<b>41,298</b>	<b>39,795</b>	<b>45,858</b>	<b>49,276</b>	<b>20%</b>	<b>8%</b>
Mescalero	29,830	30,318	34,068	34,589	33,831	13%	5%
Jicarilla	26,037	28,349	28,587	30,120	29,716	14%	5%
Zuni Ramah PHHC	20,414	22,758	22,722	23,910	23,033	13%	4%
Taos / Picuris	16,566	16,463	17,139	19,451	20,328	23%	3%
Other	1,994	2,551	2,423	2,762	3,677	84%	1%
<b>Total</b>	<b>581,145</b>	<b>609,293</b>	<b>645,817</b>	<b>630,514</b>	<b>649,318</b>	<b>12%</b>	<b>100%</b>





The following chart show a snapshot of the top 35 reasons for outpatient visits to SCUSU in 2004. This data is presented as a summary of the type of workload burden on the Service Unit's operation overall. Appendix H shows outpatient visit volume by diagnostic category for SCUSU Service Unit clinics from 1999 to 2004.

### SCUSU Comparison Top 35 Diagnoses Ranked by Number of Patient Visits in 2004

SOUTHERN UTE HC			UTE MOUNTAIN UTE HC		
RANK	ICD DIAGNOSIS NAME	2004	RANK	ICD DIAGNOSIS NAME	2004
1	Dental Examination	3,288	1	Dental Examination	2,259
2	Diab Uncomp Typ II/Niddm	2,745	2	Diab Uncomp Typ II/Niddm	2,067
3	Hypertension Nos	891	6	Hypertension Nos	476
4	Acute Uri Nos	596	4	Acute Uri Nos	671
5	Vaccine And Inocula Influenza	530	5	Vaccine And Inocula Influenza	575
6	Chronic Renal Failure	460	8	Chronic Renal Failure	429
7	Depressive Disorder Nec	423	46	Depressive Disorder Nec	90
8	Routin Child Health Exam	390	14	Routin Child Health Exam	252
9	Oth Specified Counseling	369			
10	Allergic Rhinitis Nos	345	19	Allergic Rhinitis Nos	193
11	Rheumatoid Arthritis	337	18	Rheumatoid Arthritis	205
12	Supervis Oth Normal Preg	312	12	Supervis Oth Normal Preg	303
13	Acute Pharyngitis	278	33	Acute Pharyngitis	116
14	Headache	272	22	Headache	154
15	Gynecologic Examination	269	20	Gynecologic Examination	180
16	Abdominal Pain, Uns Site	230	16	Alcohol Abuse-Unspec	212
17	Schizophrenia Nos-Unspec	226	17	Hx-Health Hazards Nec	205
18	Hypothyroidism Nos	218	44	Hypothyroidism Nos	94
19	Contracept Surveill Nec	209			
20	Other Convulsions	200			
21	Supervis Normal 1st Preg	199			
22	Other Unspec Counseling	197			
23	Hyperlipidemia Nec/Nos	187			
24	Contracept Pill Surveill	169			
25	Alcoh Dep Nec/Nos-Unspec	163	36	Alcoh Dep Nec/Nos-Unspec	105
26	Asthma Unspecified	155	28	Asthma Unspecified	132
27	Backache Nos	155	41	Backache Nos	96
28	Astigmatism Nos	153			
29	Esophageal Reflux	146			
30	Anxiety State Nos	141			
31	Myalgia And Myositis Nos	129	38	Myalgia And Myositis Nos	103
32	Diab Renal Manif Typ II/	126			
33	Endocrine Disorder Nos	125			
34	Urin Tract Infection Nos	116	45	Urin Tract Infection Nos	93
35	Rout Postpart Follow-Up	112	31	Rout Postpart Follow-Up	119
			<b>Top 35 Diagnosis at Ute Mountain Ute HC NOT in Top 35 at Southern Ute HC</b>		
			3	Issue Repeat Prescript	1,398
			7	Eye & Vision Examination	463
			9	Brief Depressive React	415
			10	Fit Contact Lens/Glasses	377
			11	Family Circumstances Nec	318
			13	Med Exam Nec-Admin Purp	284
			21	Observation For Oth Spec Suspected Cond	177
			23	Chronic Sinusitis Nos	153
			24	Counseling For Parent/Child Prob, Unsp	143
			25	Diab Uncontrol, Type II	143
			35	Cough	110
			32	Pediculus Capitis	118
			34	Acute Nasopharyngitis	111
			26	Contraceptive Mangmt Nec	141
			27	Administrtrve Encount Nec	133
			29	Nasal & Sinus Dis Nec	132
			30	Noninf Gastroenterit Nec	119

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## Projected Service Need - Quantitative

Projected service need—which will ultimately drive the need for space to accommodate medical providers to fill the service need—is based on historical patterns of use at SCUSU . The following chart provides projections to the year 2015 on categorized groupings of patient visits. It is common practice within the health industry to categorize patient visits to better plan for provider specialties and workloads. All data are projected to the year 2015, based on historical use. The low estimate is based on actual annual growth 1999 to 2004, the high estimate is based on average annual percentage increase 1999 to 2004.

The chart, “Staffing Needs Summary Projections to 2015” is included as Appendix K, with “Provider Workload and Facility Need Projected to 2015” as Appendix L. Both charts are incomplete until we receive verification from SCUSU clinic staff and administration. Once completed, however, they will provide an estimate of the number of examination rooms needed to fulfill projected service needs in the year 2015, based on historical patient visits.

### Ute Mtn Ute HC Patient Visit History Grouped By Diagnostic Category Projected To 2015

Ute Mountain Ute Health Center			Projected (based on absolute annual growth 2000- 2004)		Average Annual % Change 2000-2004	Projected (based on average annual % increase 2000-2004)	
Group	2000	2004	2010	2,015	99-04	2010	2015
Certain Conditions Originating in the Perinatal Period	3	13	28	41	66.7%	279	3,583
Complications of Pregnancy, Childbirth, and the Puerperium	32	160	352	512	80.0%	338	486
Congenital Anomalies	7	14	25	33	20.0%	42	159
Diseases of the Blood and Blood-Forming Organs	91	79	61	46	-2.6%	204	204
System	496	734	1,091	1,389	9.6%	1,335	1,836
Diseases of the Digestive System	641	471	216	4	-5.3%	340	259
Diseases of the Genitourinary System	638	784	1,003	1,186	4.6%	1,456	2,016
Diseases of the Musculoskeletal and Connective Tissue	896	1,055	1,294	1,492	3.5%	1,870	2,549
Diseases of the Nervous System and Sense Organs	1,483	932	106	(583)	-7.4%	586	399
Diseases of the Respiratory System	2,789	1,865	479	(676)	-6.6%	3,150	4,221
Diseases of the Skin and Subcutaneous Tissue	809	591	264	(9)	-5.4%	424	1,807
Endocrine, nutritional, metabolic diseases, and immunity disorders	1,635	2,533	3,880	5,003	11.0%	4,950	6,964
Infectious and Parasitic Disease	779	533	164	(144)	-6.3%	360	260
Injury and Poisoning	1,103	865	508	211	-4.3%	664	532
Mental Disorders	835	1,360	2,148	2,804	12.6%	2,546	3,534
Neoplasms	35	23	5	(10)	-6.9%	46	65
Other / Supplemental	7,469	9,350	12,172	14,523	5.0%	16,050	21,633
Symptoms, Signs, and Ill-defined conditions	1,030	1,315	1,743	2,099	5.5%	2,465	3,442
<b>TOTAL ALL CONDITIONS</b>	<b>20,771</b>	<b>22,677</b>	<b>25,536</b>	<b>27,919</b>		<b>37,105</b>	<b>53,949</b>

### Southern Ute HC Patient Visit History Grouped By Diagnostic Category Projected To 2015

Southern Ute Health Center		Projected (based on absolute annual growth 2000- 2004)		Average Annual % Change 2000-2004	Projected (based on average annual % increase 2000-2004)	
Group	2000	2010	2,015	99-04	2010	2015
Certain Conditions Originating in the Perinatal Period	5	18	24	20.0%	30	74
Complications of Pregnancy, Childbirth, and the Puerperium	45	348	499	53.8%	338	486
Congenital Anomalies	13	108	156	58.5%	807	159
Diseases of the Blood and Blood-Forming Organs	124	392	525	17.3%	204	204
Diseases of the Circulatory	854	2,229	2,917	12.9%	1,335	1,836
Diseases of the Digestive System	576	1,219	1,540	8.9%	1,391	2,133
Diseases of the Genitourinary System	799	1,182	1,373	3.8%	1,456	2,016
Diseases of the Musculoskeletal and Connective Tissue	1,583	1,976	2,172	2.0%	1,870	2,549
Diseases of the Nervous System and Sense Organs	1,336	1,039	890	-1.8%	1,093	999
Diseases of the Respiratory System	1,900	2,770	3,205	3.7%	3,150	4,221
Diseases of the Skin and Subcutaneous Tissue	648	1,073	1,286	5.2%	1,112	1,807
Endocrine, nutritional, metabolic diseases, and immunity disorders	1,997	6,615	8,923	18.5%	4,950	6,964
Infectious and Parasitic Disease	463	768	921	5.3%	796	1,029
Injury and Poisoning	736	949	1,055	2.3%	942	1,055
Mental Disorders	1,296	2,126	2,541	5.1%	2,546	3,534
Neoplasms	186	111	74	-3.2%	46	65
Other / Supplemental	6,536	9,589	11,115	3.7%	16,050	21,633
Symptoms, Signs, and Ill-defined conditions	1,337	2,602	3,235	7.6%	2,465	3,442
TOTAL ALL CONDITIONS	20,434	35,109	42,447		40,580	54,207

Notes: "Other / Supplemental" includes the following items in order of frequency:

- |   |                                      |
|---|--------------------------------------|
| 1. Issuance of prescriptions            | 9. Other encounter for admin purpose |
| 2. Dental examination                   | 10. Gynecological Exam               |
| 3. Laboratory                           | 11. Health Education / instruction   |
| 4. Eye examination / glasses / contacts | 12. Tuberculosis                     |
| 5. Vaccination                          | 13. Other medical exam               |
| 6. Pregnancy                            | 14. Physical therapy.                |
| 7. Routine infant or child health check | 15. Dietary consultation             |
| 8. Contraception                        | 16. Radiological exam                |

Appendix L has projections for provider workload projected to Year 2015

## User Population

Non-SCUSU tribal members use the SCUSU as an ambulatory clinic because many are traveling through the area, or they may be living in the area (see Migration Data, Appendix M).

The number of Active User patients registered at SCUSU rose by only five percent from 1997 to 2004. Based on historical use patterns, the SCUSU health care delivery system will likely see a 14 percent rise in Active User population by the year 2015.

### Southern Colorado Ute Service Unit Active User Populations

Tribe	1997 User Population (1)	2004 User Population (2)	% Change 97 - 04
Other	2,559	2,401	-6%
Southern Ute	1,025	1,299	27%
Ute Mountain Ute	1,583	1,710	8%
<b>SCUSU Total</b>	<b>5,167</b>	<b>5,410</b>	<b>5 %</b>

Source: IHS / NPIRS Report: User Population Report (F) Special - By Service Unit, County & Tribe, dated 11/18/04

(1) Active User = Indians using IHS system within the period September 30, 1994 – September 30, 1997

(2) Active User = Indians using IHS system within the period October 1, 2001 – September 30, 2004

\* Other = Other Indian Users / “Urban” Indians

## Urban Indians

The term “Urban Indians” refers to any American Indian or Alaska Native who is living outside of his / her reservation boundary and who is enrolled with IHS to receive medical services at a facility other than the home Service Unit. IHS medical facilities—or tribal facilities that receive medical service funding through IHS—may not refuse ambulatory or in-hospital medical service to any American Indian or Alaska Native who seeks care, regardless of whether he or she is a member of that particular Service Unit. Use of Contract Health Service dollars is restricted, however, to enrolled members of the Service Unit who live in the counties that contain the reservation borders.

An Urban Indian may also be someone who is an enrolled member of the Ute Mountain Tribe but is living off the reservation AND outside of the counties in which the reservation sits. For example, a member of the Ute Mountain Tribe in Taos, NM would be considered an Urban Indian because he or she is living outside of the home reservation and the home county.

Approximately 44 percent of the SCUSU Active User Population is composed of “Other” patients, which includes non-Indians. Unless these patients have private insurance or are qualified for Medicare or Medicaid, the Service Unit bears the financial responsibility for their ambulatory medical and dental care.

IHS does not currently provide direct funding to any of the Albuquerque Area Service Units to pay for the medical care of Urban Indians, although a small percentage of funds received for health services is budgeted for this need. As a result, Service Units and individual medical facilities bear the burden of care for these individuals. Providing care to this population is at the expense of providing or expanding services to SCUSU members.

Across the country, the issue of providing health care to Urban Indians has exposed problems with tying funding to facilities and specific user populations. Appendix M contains “migration pattern” information regarding the home communities and number of patients receiving care at the SCSU Health Centers.

### **IHS vs. National Averages**

The following chart outlines SCUSU patient use rates by diagnostic categories as compared to national averages. The highlighted categories indicate areas in which the SCUSU population is experiencing excessively higher rates of patient visits compared to the national average. From these figures it is clear that the SCUSU population suffers from conditions related to Endocrine, Nutritional, Metabolic and Immunity at a far greater percentage than does the national population. Conditions of the Digestive System, Genitourinary, Mental Health, and Infectious and Parasitic Diseases are still considerably higher than the national average, while it is impossible to know exactly what conditions within the “OTHER” category puts that group at a rate that is seven times higher than the national average.

Availability of health services has a substantial impact on health measures. It has been demonstrated by interviews, statistics, and site visits that the SCUSU services involving community clinics, outreach, education, and preventive health services are not adequate to meet needs, primarily due to budget restrictions.



**SCUSU Service Unit Outpatient Visit Utilization vs. National Use Rates**

<b>Diagnostic Category</b>	<b>SCUSU Use Rate</b>	<b>National Use Rate</b>	<b># Difference</b>	<b>% Difference</b>
Diseases of the Circulatory System	396.7	299.1	97.6	33%
Diseases of the Digestive System	242.1	112.6	129.5	115%
Diseases of the Genitourinary System	324.6	159.9	164.6	103%
Diseases of the Musculoskeletal and Connective Tissue	525.3	252.4	273.0	108%
Diseases of the Nervous System and Sense Organs	399.1	295.4	103.6	35%
Diseases of the Respiratory System	765.2	421.3	344.0	82%
Diseases of the Skin and Subcutaneous Tissue	262.7	158.7	104.0	66%
Endocrine, nutritional, metabolic diseases, and immunity disorders	1,195.2	200.4	994.8	496%
Infectious and Parasitic Disease	207.4	95.3	112.1	118%
Injury and Poisoning	312.9	203.1	109.8	54%
Mental Disorders	552.5	156.2	396.3	254%
Neoplasms	33.1	97.1	-64.0	-66%
Other / Supplemental	3,170.4	562.8	2607.7	463%
Symptoms, Signs, and Ill-defined conditions	575.8	214.1	361.7	63%

*Data Source Notes: (A) Service Unit Use Rates are based on 2002 visit data and Census data (2002 population projected by applying Albuquerque area growth factor 2000-2002 to SCUSU tribes); (B) National Use Rates: 2002 National Hospital Ambulatory Medical Care Survey & National Ambulatory Medical Care Survey & National Hospital Ambulatory Medical Care Survey-ED data from the National Center for Health Statistics at the CDC.*

Other / Supplemental refers to:

- Issuance of prescriptions
- Dental examination
- Other medical exam
- Physical therapy
- Eye examination / glasses / contacts
- Radiological exam
- Pregnancy
- Routine infant or child health check
- Other encounter for administrative purpose
- Tuberculosis
- Gynecological Exam
- Laboratory
- Contraception
- Dietary consultation
- Vaccination
- Health education / instruction
- Health exams of defined subpopulations



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## Projected Service Need - Qualitative

### Medicare and Medicaid Changes

SCUSU (and indeed all of the Albuquerque Area IHS) has exponentially increased its reliance on Medicaid, which is a revenue stream that is increasingly at risk. With the federal budget deficit growing, the implications for health care are huge. Approximately one-quarter of the federal budget is made up of Medicare and Medicaid. As the number of Medicare enrollees increases with an aging population, it is estimated that by 2010, 70 million Americans will have two or more chronic conditions. In addition, the number of working Americans paying taxes to support the Medicare Hospital Insurance Trust Fund will begin decreasing dramatically by the year 2015. Current projections by the Social Security and Medicare Boards of Trustees expect the Trust Fund to go broke in the year 2019.

At the same time, Medicare and Medicaid funding requirements will become increasingly difficult, and IHS will be progressively more challenged to provide the infrastructure required to meet these new requirements. It is expected that some form of “pay for performance” will be instituted so that payment will be based on performance indicators rather than outcomes.

With more than % of its revenue dependent on Third Party Insurance, and the majority of this coming from Medicare and Medicaid funding, the SCUSU will need to make difficult changes to accommodate its future existence.

### Indian Self Determination Act (P.L. 93-638)

As tribal leaders search for better health care services for their members, interest has grown in exercising their rights under the Indian Self Determination Act (ISDA) to assume responsibility for providing health care services. The Tribes of the SCUSU have exercised their options to contract services under the Health Education program for Substance Abuse Counseling, Diabetes and Public Health.

### National Patient Information Reporting System (NPIRS) & Government Performance Reporting Act (GPRA)

NPIRS is a method of measuring data for what services are being performed, how the services are being performed, and how well the services are being performed. It provides a measurement tool for health care delivery as well as evaluation standards for funding.

GPRA addresses clinical performance indicators and measures the number of patients with specific diseases. It establishes protocols for each disease. GPRA





defines national standards of care that must be met in order to continue receiving funding. In providing health and diagnostic data to tribal leaders, the question of whether patients with diseases such as Diabetes Mellitus Type 2 or hypertension were receiving adequate care was often discussed.

The IHS' own Standard of Care for patients with Diabetes Mellitus Type 2 is described in nine broad categories:

1. Baseline studies, which should include recording patient height and date of diabetes diagnosis, obtaining a baseline Electrocardiogram (ECG) and then repeating it every one to five years as clinically indicated, documenting pulmonary function (PPD) to assess the presence of latent or active tuberculosis, and assessing and recording whether the patient also is diagnosed with depression;
2. Clinic visits, which should include recording weight, blood glucose, and blood pressure and also conducting an examination of feet and nails;
3. Annual tests, which should include complete urinary analysis, microalbuminuria, lipid profile, eye exam, dental exam, complete foot exam, and screening for neuropathy;
4. Immunization and skin tests, including flu vaccine, vaccination against pneumovax, Td, hepatitis B, and PPD;
5. Special aspects of diabetes care, which include antiplatelet therapy and avoidance of tobacco use;
6. Self-care education, which includes nutrition, diabetes, exercise education as well as self-blood glucose monitoring;
7. Routine health maintenance, including physical exam, pap smear/pelvic exam, breast exam, mammogram, rectal exam and prostate (PSA) and colorectal cancer screening;
8. Pregnancy and diabetes, which includes pre-pregnancy counseling for optimizing metabolic control prior to conception and well as counseling regarding lifestyle modifications that will reduce or delay the development of type 2 diabetes; and
9. Tuberculosis, which includes protocols for testing for latent or active tuberculosis infection and also describes treatment protocols.

## **Educating Consumers**

There is an absence of brochures and pamphlets that describe services provided, hours of operation, availability of specialty clinics, and procedures for making appointments. Not having the information increases the number of walk-ins, creating a burden for the providers as well as crowding in the clinics. Reminder calls could assist in decreasing the number of "no-shows," which result in inefficient use of providers.



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## CONTRACT HEALTH SUMMARY

### Contract Health Service Expenditures

In most Service Units, Contract Health Service Expenditures are growing annually. SCUSU expenditures however, appear to be flat. At the same time the number of cases is declining, indicating that the cost per patient hospitalization is increasing. It may also imply however, that fewer patients are receiving referrals for specialty care. Further investigation would be needed to identify which scenario is more likely to be the case.

At SCUSU, CHS expenditures are used to pay for services that may or may not be available directly from IHS and that are purchased under contract from community hospitals and specialty practitioners. CHS services are provided almost exclusively based on a 'priority' system, including Priorities One through Four.

### Priority One

In June 2004 budget restrictions nationwide forced the IHS to limit access to CHS health care providers to Priority One—services which are required to prevent immediate death or serious impairments. These are:

- Obstetric and Pediatric Emergencies
- Medical emergencies
- Eye emergencies
- Psychiatric emergencies – up to 14 days
- Dental emergencies
- Renal replacement therapy, including transplant
- Emergency transportation
- Surgical emergencies, including orthopedic and gynecological
- Extra depth shoes with custom-molded inserts that meet specific criteria
- Ears, nose, throat (ENT) surgery required when immediate threat to development of speech language
- Gynecological tubal ligation

Other services, many of which are preventive or diagnostic in nature, are currently restricted and are not covered for IHS Contract Health Services. These include services designated as Priorities Two, Three, and Four.

## Priority Two

Services are required for potentially life-threatening /severe handicapping conditions and to maintain JCAHO accreditation. In the past, most services listed under Priority 2 have been available at IHS direct care facilities; however, loss of personnel who cannot be replaced or loss of services due to budget restrictions have increased the amount of services sent for CHS expenditures, thereby limiting the services covered under IHS criteria. Priority 2 services include:

- Laboratory/radiology/nuclear medicine not available onsite
- Specialty consultation for acute care diagnosis, cancer, high risk OB, etc.
- Backfill for vacant positions in lab, x-ray, pharmacy, as well as physicians, nurses.
- Psychiatric ambulatory and inpatient services
- Non-emergency elective surgery
- Podiatry services – high risk medical
- Prosthetics and appliances

## Priority Three

Services contribute to better patient functioning but are not necessarily to prevent death or serious impairment. These include:

- Patient rehabilitation
- Specialty consultation when less than Priority 2
- Hearing aids
- Podiatry / orthopedics – less than Priority 2
- Allergy services
- Preventive medicine / health promotion activities
- Orthodontic services

## Priority Four

Services included:

- Long-term residential psychiatric care
- Rehabilitation surgery
- Nonemergency transportation
- Elective surgery–cosmetic

Every Service Unit has the ability to apply third party reimbursements to pay for services, including those listed under Priorities 1, 2, 3 and 4. A Medical Priorities Committee within each Service Unit determines spending plans and authorizes payment for CHS referrals.

The result of these restrictions on expenditures for CHS providers can be devastating. For example, podiatry services are not provided full time, although diabetes is on the rise. If uncontrolled diabetes and poor foot care results in lower limb amputation, the patient may not receive a prosthetic limb if CHS dollars are overspent for the fiscal year. If dental services are restricted and a patient has teeth removed, IHS does not pay for orthodontics (a dental bridge or implant) to help with chewing of food and digestion, which can lead to other digestive complications down the line.

If facility usage trends and health indicators continue to change, and the Southern Colorado Southern Ute Service Unit continues to outsource medical services, these numbers will increase exponentially.

The top ten reasons for hospitalizations at facilities for patients from SCUSU are provided in Appendix O. These services were provided through Contract Health Services and represent individual purchase orders – patients who were admitted either through the emergency room or referred by IHS. In some instances, the services for in-hospital care cannot reasonably be expected to be provided by the Santa Fe Indian Hospital due to restrictions on its equipment and staffing. Most small hospitals across America are facing similar restrictions and rely on larger regional medical facilities to make the capital investments to treat complicated cases.

In some cases across the country contract health providers have refused to see patients because they are due payment. In other cases, Albuquerque Area IHS patients and tribal administrations report that individuals are held responsible for payment of medical bills that IHS' CHS has assumed obligation to pay. When payments have not been received by providers in timely manner, individuals are reported to credit bureaus for negligence and their credit rating is negatively affected or sometimes ruined, because IHS has not paid the bill.



## Facilities Master Plan

### IHS Supportable Space - Health Systems Planning Criteria and Population Mapping

To provide a consistent methodology to determine health care service and facility needs to Native American communities IHS engages a variety of computerized formulas and software that contain population and medical workload data. Unfortunately these programs do not adequately address medical needs for communities of less than about 1,320 Active Users, with approximately 4,400 primary care provider visits annually.

The Health Systems Planning software used by IHS provides population, workload projections, and space requirements for new or remodeled health care facilities. This information is of special interest to planners, and some of it is needed to use the Resource Requirements Methodology (RRM) which determines staffing needs for facilities. The Health Systems Planning software for Southern Ute and Ute Mountain Ute Health Centers was run with the 2001 Active User population of both tribes plus Urban Indians.

To arrive at a workload projection that reflects both the trends of managed care, and the demographic character of the communities served by IHS facilities the following methodology has been applied. The average provider minutes spent per patient seen across the United States for each of the four dominant “primary care specialties”:

- Family Practice ----- 19 minutes per patient visit
- Internal Medicine --- 26 minutes per patient visit
- Pediatrics ----- 19 minutes per patient visit
- OB/Gyn ----- 22 minutes per patient visit

These provider time profiles were then weighted according to a statistical average demographic distribution of sample IHS communities to arrive at a “weighted average provider time” per IHS primary care patient visit. The average demographic distributions applied are:

- Family Practice ----- 20%
- Internal Medicine ----- 22%
- Pediatrics ----- 28%
- OB/Gyn ----- 30%

The resulting weighted average provider time per PCPV is 21.5 minutes. Primary Care Providers perform 1,720 hours per year of direct patient care. A Primary Care Provider sees patients at 90% efficiency during direct patient care times. Primary Care Providers can accommodate 4,300 PCPVs per year.



## Exam Room Quantity

For the HSP each primary care provider is allotted 2 examination rooms for his/her dedicated use, when staffed according to each template's provider capacity. If exam rooms are not dedicated to a specific individual provider, and are instead scheduled "on demand" (meaning next available patient &/or provider) the template PCPV capacity is increased by one-third.

## Resource Requirements Methodology

The IHS' Resources Requirements Methodology is a system designed to project the staffing needs for a specific facility or primary service area. It is available in a computer spread sheet program to assist with the preparation of staffing estimates. To use the RRM, essential workload information is gathered and entered into the worksheets where it serves as the driving variables for each discipline. The goal of RRM is to help ensure that IHS provides appropriate, reasonable, and consistent staffing information to Congress and Tribes.

The main purpose of the RRM model is to project staffing (in this case to the year 2015) that will be used in the development of Program Justification Documents (PJD), Project Summary Documents (PSD) or tribal requests for technical assistance in the submittal of U.S. Department of Housing and Urban Development Indian Community Block Grant Proposals. Experts in the various disciplines compared staffing ratios with industrial standards in developing the formulas for the program, as well as benchmark information from existing IHS facilities.

The RRM is reviewed periodically and updates are made as they are needed. The current approved version of the RRM is RRM2004, using Active User Population of 2002. Essential elements of the Preliminary RRM prepared for Southern Ute and Ute Mountain Ute Health Centers are provided in Appendix P. Appendix Q contains the Program Justification Documentation and the Workload Summary for the facilities.

## Facilities Size, Age and Condition

The Facility Data Sheets for the Southern Ute and Ute Mountain Ute Health facilities found on pages 23-24 includes information from the FEDS Deficiencies list. The Southern Ute Health Center is 27 years old; Ute Mountain Ute Health Center is 25 years old. Since most private sector health facilities depreciate their facilities over a 40 year period, these facilities are both quickly approaching their useful life span and would expect to be replaced..



## Preliminary SCUSU Facility Review and Space Summary (Pending verification)

### Space Summary (Southern Ute HC 2015)

The net and gross areas for the proposed facility are summarized below.

SOUTHERN UTE HC	Template or Discipline	Net Square Meters	Conversion Factor	Gross Sq Meters
<b>ADDITIONAL SERVICES</b>				
	X01	6	1.35	8.1
	X02	20	1.35	27
<b>ADMINISTRATION</b>				
Administration	AD	140	1.4	196
Business Office	BO	75	1.4	105
Health Information Management	HIM	106	1.25	132.5
Information Management	IM	57	1.2	68.4
<b>AMBULATORY</b>				
Dental Care	dc1	330.8	N/A	481
Emergency	er1	47.4	N/A	82
Primary Care	pc1	291.6	N/A	451
<b>ANCILLARY</b>				
Pharmacy	ph1	138	N/A	168
Physical Therapy	pt1	116.2	N/A	149
<b>BEHAVIORAL</b>				
Mental Health	MH	66	1.4	92.4
Social Work	SW	14	1.4	19.6
<b>PREVENTIVE</b>				
Environmental Health	EH	26	1.4	36.4
Health Education	HE	16	1.4	22.4
Public Health Nursing	PHN	69	1.4	96.6
Public Health Nutrition	PNT	9	1.4	12.6
<b>SUPPORT SERVICES</b>				
Education & Group Consultatio	EGC	14	1.1	15.4
Employee Facilities	EF	105.4	1.2	126.48
Housekeeping & Linen	hl1	25.5	1.1	28
Housekeeping & Linen	HL	16	1.1	17.6
Property & Supply	ps1	149.7	N/A	160
Public Facilities	PF	47	1.2	56.4
<b>TOTALS</b>		<b>Department Gross Square Meters</b>		<b>2551.88</b>
		<b>Building Circulation &amp; Envelope (.20)</b>		<b>510.38</b>
		<b>Floor Gross Square Meters</b>		<b>3062.26</b>
		<b>Major Mechanical SPACE (.12)</b>		<b>367.47</b>
		<b>Building Gross Square Meters</b>		<b>3429.73</b>



**Space Summary (Ute Mountain Ute HC 2015)**

The net and gross areas for the proposed facility are summarized below.

UTE MOUNTAIN UTE HC	Template or Discipline	Net Square Meters	Conversion Factor	Gross Sq Meters
<b>ADDITIONAL SERVICES</b>				
	X01	6	1.35	8.1
	X03	20	1.35	27
<b>ADMINISTRATION</b>				
Administration	AD	140	1.4	196
Business Office	BO	81	1.4	113.4
Health Information Management	HIM	121	1.25	151.25
Information Management	IM	57	1.2	68.4
<b>AMBULATORY</b>				
Dental Care	dc1	330.8	N/A	481
Emergency	er1	47.4	N/A	82
Eye Care	ec1	128.2	N/A	163
Primary Care	pc2	327.2	N/A	487
<b>ANCILLARY</b>				
Laboratory	LB1	46.8	N/A	56
Pharmacy	ph1	138	N/A	168
Physical Therapy	pt1	116.2	N/A	149
<b>BEHAVIORAL</b>				
Mental Health	MH	66	1.4	92.4
Social Work	SW	14	1.4	19.6
<b>PREVENTIVE</b>				
Environmental Health	EH	26	1.4	36.4
Health Education	HE	16	1.4	22.4
<b>Public Health Nursing</b>	PHN	79	1.4	110.6
Public Health Nutrition	PNT	9	1.4	12.6
<b>SUPPORT SERVICES</b>				
Education & Group Consultatio	EGC	14	1.1	15.4
Employee Facilities	EF	90	1.2	108
Housekeeping & Linen	hl1	25.5	1.1	28
Housekeeping & Linen	HL	16	1.1	17.6
Property & Supply	ps1	149.7	N/A	160
Public Facilities	PF	37	1.2	44.4
<b>TOTALS</b>	<b>Department Gross Square Meters</b>			<b>2817.55</b>
	<b>Building Circulation &amp; Envelope (.20)</b>			<b>563.51</b>
	<b>Floor Gross Square Meters</b>			<b>3381.06</b>
	<b>Major Mechanical SPACE (.12)</b>			<b>405.73</b>
	<b>Building Gross Square Meters</b>			<b>3786.79</b>



# Appendices

Final 1/12/06

## Southern Colorado Ute Service Unit

**New Mexico**



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## Appendices

- Appendix A: Glossary
- Appendix B: Historical Information
- Appendix C: SCUSU Strengths, Weaknesses, Opportunities, Threats
- Appendix D: Points of Contact
- Appendix E: Results of Interviews with Key SCUSU Staff
- Appendix F: Clinic Services and Frequency of SCUSU Clinics
- Appendix H-1: SCUSU Outpatient Visit Volume by Diagnoses Group
- Appendix H-2: Outpatient Visit Volume by Age Group
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- Appendix I: Questions To BE Present to Health Board
- Appendix J: List of Service Prioritization by SCUSU Health Board
- Appendix K: Staffing Needs Summary
- Appendix L: Provider Workload and Facility Need Projected to 2015
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- Appendix N: Contract Health Services
- Appendix O: Top 10 CHS In-Patient Diagnoses FY 2000-2003
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- Appendix Q: Program Justification Documents (PJD) for SCUSU Clinics
- Appendix R: Facility Space Utilization Comparisons: 2005 to Projected Need 2015



## Appendix A: Glossary

### Glossary of Acronyms

AI	American Indian	JCAHO	Joint Commission on Accreditation of Healthcare Organizations
AN	Alaska Native	MCH	Maternal and Child Health
BIA	Bureau of Indian Affairs	NIHB	National Indian Health Board
CDC	Centers for Disease Control	NPIRS	National Patient Information Reporting System
CHA	Community Health Aide	OHPD	Office of Health Program Development
CHR	Community Health Representative	OTA	Office of Tribal Activities
CHS	Contract Health Services	PCC	Patient Care Component
COPC	Community-Oriented Primary Care	PHS	Public Health Service
DHHS	Department of Health and Human Services	PSA	Primary Service Area
ENT	Ear, Nose, and Throat	RPMS	Resource and Patient Management System
GPRA	Government Performance Reporting Act	RRM	Resource Requirements Methodology
HSP	Health Services Plan		
HUD	Housing & Urban Development		
IHPES	Indian Health Performance Evaluation System		
IHS	Indian Health Service		



## Glossary of IHS Terms and Phrases

### Active User Population

American Indians and Alaska Natives eligible for IHS services who have used those services at any IHS facility within the past three years. These numbers include all people who have ever registered to use a particular facility. The Active User Population of a Service Unit will reflect tribal members who are enrolled in tribes that belong to that particular Service Unit, regardless of where that person receives care throughout the IHS system nationwide. Active User Population also includes tribal members from tribes outside the Service Unit who have received care at a facility within the particular service unit. These numbers are not adjusted for deaths. It is the measure by which funds are allocated to a specific medical facility within the Service Unit, for both medical services and facilities support.

### Area Office

A defined geographic region for Indian Health Service administrative purposes. Each Area Office administers several Service Units. In this case, the Albuquerque Area Office has management and coordination responsibilities for the nine Service Units.

### Community Health Representative (CHR)

Indians selected, employed, and supervised by their tribes and trained by IHS to provide specific health care services at the community level.

### Contract Health Services

Services not available directly from IHS or tribes that are purchased under contract from community hospitals and practitioners. CHS eligibility requirements: (1) must be a Native American or descendent from a federally-recognized Tribe; (2) must be a permanent resident of the county in which the Service Unit resides.

### Government Performance and Results Act (GPRA)

A law requiring federal agencies to demonstrate effective use of funds in meeting their missions. The law requires agencies to have a five-year strategic plan (describing long-term goals) in place and to submit annual performance plans and reports (methods for accomplishing strategic plan using annual budget) with their budget requests.

### Health Center

A facility, physically separated from a hospital, with a full range of ambulatory services, including at least primary care physicians, nursing, pharmacy, laboratory, and x-ray, that are available at least 40 hours a week for outpatient care.

### Health Systems Plan

The HSP is designed to provide the documents necessary to plan and acquire approval for a medical program and then to communicate the necessary information to an Architect/Engineer for the design of a facility. This data is based on Active User Population and Projected User Population.



**Health Station**

A facility, physically separated from a hospital and health center, where primary care physician services are available on a regularly scheduled basis but for less than 40 hours a week.

**Indian Health Performance Evaluation System (IHPEs)**

The IHPEs appraises the quality of care and/or services provided by each participating facility by employing defined and measurable indicators. It is based on the hospital, ambulatory, and demographic information collected by the IHS Resource Patient Management System (RPMS) and provides a mechanism to meet the Joint Commission On Accreditation of Healthcare Organizations (JCAHO) ORYX initiative. The system also is used for the collection and measurement of indicators to meet the requirements of the Government Performance Results Act (GPRA).

**Primary Service Area (PSA)**

The geographic areas based on proximity in which IHS has responsibilities for planning and distributing health care resources "on or near" reservations; e.g., contract health service delivery areas.

**Projected User Population**

Based on the percentage of change in the 1990 – 2000 U.S. Census, population of the county where the reservation is located.

**Q-Man**

Database within RPMS system which contains disease-specific categorization by International Code of Disease (ICD-9).

**Resource and Patient Management System (RPMS)**

A standardized patient record system used exclusively by IHS to record patient data and provider workload.

**Resource Requirements Methodology (RRM)**

A computer spreadsheet program that is designed to project the staffing needs for a specific facility or primary service area. Its goal is to help ensure that IHS provides appropriate, reasonable and consistent staffing information to Congress and tribes. Information from the RRM is used in the development of Project Justification Documents (PJD), Project Summary Documents (PSD), or tribal requests for technical assistance in the submittal of HUD Block Grant Proposals.

**Service Population**

American Indians and Alaska Natives identified to be eligible for IHS services.

**Service Unit**

The local administrative unit of IHS, defined by geographic characteristics such as proximity of tribes and encompassing a defined Service Population.



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## Appendix B: Historical Information

### Concerning Indian Health Care and the U.S. Commission on Civil Rights' Report: "Broken Promises"

#### History of Tribes and Medical Services Development

In November 1921, the U.S. Congress passed The Snyder Act (P.L. 94-482) to provide for, among other purposes, the benefit, care, and assistance of Indians throughout the U.S.

The Indian Health Service was created in 1955 to provide health services to Native Americans and Alaska Natives.

Beginning with the Indian Health Care Improvement Act (P.L. 94-437) of 1976, Congress was authorized to appropriate funds specifically for the health care of Indian people.

**IHS MISSION:** The mission of the Indian Health Service, in partnership with American Indian and Alaska Native people, is to raise their physical, mental, social, and spiritual health to the highest level.

**IHS GOAL:** To assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.

**FOUNDATION of CARE:** To uphold the Federal Government's obligation to promote healthy American Indian and Alaska Native people, communities, and culture and to honor and protect the inherent sovereign rights of Tribes.

This Act is considered for reauthorization every five years, providing opportunities for tribes and IHS administration to refine funding priorities in the hopes that Congress will increase appropriations to meet critical facility and service needs.

Annual budget appropriations provide operating revenue for hospitals, clinics, medical professionals, administrative staff, pharmacies, laboratories, and dental, mental health, diabetes education, and contracted health services to medical providers outside of the IHS system.

Three titles of the Indian Health Care Improvement Act (IHCIA) are of particular relevance: Title III, which covers health facilities; Title IV, which covers access to health services; and Title V, which covers health services to urban Indians.





Title III of the IHCIA focuses on ensuring that IHS facilities are fully capable of addressing the needs of the populations they are intended to serve. A number of proposed changes to the Act, as part of the reauthorization process, include consulting with tribes on facilities expenditures – with the goal of truly representing all unmet health care needs – as well as enabling smaller facilities to meet accreditation eligibility requirements for public insurance programs – with the goal of increasing health care services to tribal members. Other proposed changes have to do with increasing funding options to support the provision of health care services.

Title IV focuses on eliminating the barriers – social, logistical, financial – that prevent Indians from gaining access to and receiving public health care and that also limit reimbursement from third-party payers. Proposed changes under the reauthorization process include: authorizing reimbursement to IHS facilities for all Medicare/Medicaid-covered services; waiving all cost-sharing by IHS-eligible patients enrolled in public insurance programs; and waiving Medicare's late enrollment fee.

Title V focuses on improving the health status of urban Indians. Proposed changes focus on enhancing the U.S. Department of Health and Human Services (HHS)' authority to fund urban Indian health programs through a variety of means, such as grants and loans.

Another piece of federal legislation that is relevant to this plan is the Indian Self-Determination Act Amendments of 1994 (P.L. 103-413), which amend the Indian Self-Determination and Education Act (P.L. 93-638), a law giving tribes the authority to contract for the direct operation of programs serving their members. Title I of P.L. 103-413 significantly amends P.L. 93-638 by simplifying contracts entered into between the United States government and Indian tribes and tribal organizations. In particular, regulations published jointly by HHS and the Department of the Interior to implement P.L. 103-413 aimed at greatly reducing the paperwork required of Indian tribes applying to contract with HHS. The contracting process often is referred to in shorthand as the "638 process," in recognition of the original law.

It is important, however, to put these laws into context. Despite a legal and regulatory framework, "persistent discrimination and neglect continue to deprive Native Americans of a health system sufficient to provide health care equivalent to that provided to the vast majority of Americans," state the authors of "Broken Promises: Evaluating the Native American Health Care System." This report, drafted in July 2004 by the U.S. Commission on Civil Rights' Office of the General Counsel, details social, cultural, structural, and financial barriers that both limit Indians' access to health care and contribute to health disparities and also offers recommendations to close the health care gap for Indians, whether living in rural areas or in towns and cities across the United States.



Among the significant themes repeated in “Broken Promises” is the extent to which the health status of Indians is declining in relation to the general population. One finding is particularly relevant and poignant: Type 2 diabetes, once a disease afflicting adults, now is making a dramatic appearance among Indian youth, which only hastens the likely development of other serious and costly complications.

The report also emphasizes the causal relationship between poverty and substandard housing conditions – realities that many Indians face – and serious health effects. “Because Native Americans have the highest poverty and unemployment rates, their health is inevitably compromised,” the report’s authors state. Compounding this situation is another formidable barrier: limited access to health care services. For example, many Indians live in remote areas where roads can become impassable during certain times of the year, transportation is lacking, and facilities are under-equipped to provide diagnoses or services.

One positive step to addressing these and related deficiencies is IHS’ efforts to involve tribes in determining the location of IHS facilities and the kinds of services needed. In addition to the HSFMP, the Facilities Appropriation Advisory Board has provided input to the IHS on development of a facilities prioritization process that will result in a revised methodology for determining funding for facility renovation or replacement.



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## Appendix C: SCUSU Strengths, Weaknesses, Opportunities, Threats

*At time of printing, there was insufficient data or data was inaccessible to CL Associates for this Appendix.*



## Appendix D: Points of Contact

### SCUSU Points of Contact

Name	Title, Organization Facility	Address Mail & Physical Address	Telephone, Fax, Email
<b>Albuquerque Area - Headquarters</b>			
James Toya	Director, ABQ Area IHS	5300 Homestead Rd, NE Albuquerque, NM 87034	505/248-8003
Russ Pederson	Director, OEHE IHS	5300 Homestead Rd, NE Albuquerque, NM 87034	505/248-4275 505/248-4678 rpederson@ihs.abq.gov
Darrell LaRoche	Director, Health Facilities IHS	5300 Homestead Rd, NE Albuquerque, NM 87034	505/248-4947 dlaroche@ihs.abq.gov
<b>Southern Ute Staff</b>			
Susan Turner	Public Health Nursing		505-563-4581 ext222 sturner@abq.ihs.gov
Cheryl Frost	Medical Records		505-563-4581 Ext. 211 or 210 cfrost@abq.ihs.gov
Tim Duffy	Environmental Health & Engineering		563-9443 tduffy@abq.ihs.gov
Myrna L. Jacobson	Behavioral Health		970-563-4581 Mjacobson@Abq.Ihs.Gov
Cindy Gallegos	Benefits Coordinator		563-4581 Cgallegos@Abq.Ihs.Gov
Muz Pinnecoose	Facility Maintenance		
Clarita Enque	Contract Health Services		563-4581 Cenque@Abq.Ihs.Gov
Kevin Desbien	Business Office		563-4581 Kdesbien@Abq.Ihs.Gov



Ute Mountain Ute Staff			
Bridget Whitehorse	HUMAN RESOURCE		bwhite@abq.ihs.gov
Trina Begay	MEDICAL		tbegay@abq.ihs.gov
Stephanie Stone	PHARMACY		
E. David Ward, Jr.	ADMINISTRATION		970-569-4441, Ext. 219 Edward@abq.ihs.gov
Orchie Baca	NURSING		rbaca@abq.ihs.gov
Dr. Kirk (Contractor) Carole Simken, Health Technician	OPTOMETRY		csimken@abq.ihs.gov
Dr. Tom Hatchett	DENTAL		565-4441, Ext. 222 hatchet@abq.ihs.gov
Stephanie Crow	PUBLIC HEALTH NURSING		564-5390, Ext. 7 scrow@utemountain.org
Frank Hitti	LABORATORY		970-565-4441



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## Appendix E: Results of Interviews with Key SCUSU Staff



# INSTRUCTIONS:

**When constructing and collating the document, please  
REMOVE THIS PAGE and REPLACE it with the separate  
document described here:**

**Appx E- Interviews**

**an 11x17" spreadsheet printed separately and folded  
accordion style to fit into 8 1/2x11" sized binder**





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## Appendix F: Clinic Services and Frequency of SCUSU Clinics

*During the preparation of this Plan, the hours and services changed for the Service Unit facilities. Therefore, it was determined best not to list this information. For hours and services available, please contact the facility.*



## Appendix G: List of additional facilities within 50 miles

**IGNACIO PHS INDIAN HEALTH CENTER, P.O. BOX 889, IGNACIO, CO 81137**

	<b>FACILITIES</b>	<b>CITY</b>	<b>DISTANCE</b>
<b>HOSPITAL</b>	Marcy Medical Center	Durango	22.0
	Animas Surgical Center	Durango	22.2
<b>CLINICS</b>	Animas Ear & Sinus Clinic	Durango	20.1
	Counseling Center Individual Group & Family	Durango	20.3
	Rocky Mountain Planned Parenthood - Contraception	Durango	20.4
	Durango Dermatology	Durango	20.5
	Healthnet Federal Services	Durango	21.0
	Stepping Stone	Durango	21.5
	Southwest Women's Clinic	Durango	21.8
	Barbara Engel Therapy Services	Durango	21.9
	Durango Primary Care 2	Durango	21.9
	Animas Orthopedic Associates	Durango	22.0
	Pregnancy Center	Durango	22.0
	Southwest Womens Health Associates	Durango	22.0
	Valley – Wide Health Systems	Durango	22.0
	Southwest Children's Health Center	Durango	22.0
	Animas Eye Care	Durango	22.2
	Alpine Clinic	Durango	22.3
	Southwest Podiatry Associates	Durango	22.6
	Southwest Colorado Mental Health Services – Administrative Offices	Durango	22.7
	United States Government – Health & Human Services Department of US Public Health Service	Aztec	29.0
<b>NURSING FACILITIES</b>	Valley View Home	Bayfield	10.9
	Sunshine Gardens West	Durango	22.0
	Four Corners Health Care Center	Durango	23.0



	FACILITIES	CITY	DISTANCE
ALCOHOL & DRUG ABUSE	Mental Health Center	Durango	20.3
	Prefferd Counseling Services	Durango	21.9
	Detox of LA Plata County	Durango	22.7
	Southwest Colorado Mental Health Services – Administrative Office	Durango	22.7
	Alcoholics Anonymous	Durango	22.9
	New Day	Durango	22.9
HOSPICE	Mercy Medical Center – Hospice, Home Health	Durango	22.7
NURSING & PERSONAL CARE	NONE		



## Appendix H-1: SCUSU Outpatient Visit Volume by Diagnoses Group

GROUP	VISITS	% of TOTAL
<b>Diseases of the Respiratory System</b>	<b>4,140</b>	<b>8%</b>
<b>Endocrine, nutritional, metabolic diseases, and immunity disorders</b>	<b>6,466</b>	<b>13%</b>
<b>Diseases of the Nervous System and Sense Organs</b>	<b>2,159</b>	<b>4%</b>
<b>Diseases of the Musculoskeletal and Connective Tissue</b>	<b>2,842</b>	<b>6%</b>
<b>Mental Disorders</b>	<b>2,989</b>	<b>6%</b>
<b>Symptoms, Signs, and Ill-defined conditions</b>	<b>3,115</b>	<b>6%</b>
Injury and Poisoning	1,693	3%
Diseases of the Circulatory System	2,146	4%
Infectious and Parasitic Disease	1,122	2%
Diseases of the Genitourinary System	1,756	4%
Diseases of the Skin and Subcutaneous Tissue	1,421	3%
Diseases of the Digestive System	1,310	3%
Complications of Pregnancy, Childbirth, and the Puerperium	328	1%
Diseases of the Blood and Blood-Forming Organs	310	1%
Neoplasms	179	0%
Congenital Anomalies	65	0%
Certain Conditions Originating in the Perinatal Period	23	0%
Other / Supplemental	17,212	35%
<b>Prescriptions</b>	<b>1,412</b>	<b>3%</b>
<b>Dental</b>	<b>5,551</b>	<b>11%</b>
Lab	104	0%
eye	861	2%
Vaccination	1,181	2%
Pregnancy	957	2%
Routine Infant or Child Health Check	642	1%
Contraception	736	1%
Other Encounter for Administrative Purposes	158	0%
GYN Exam	453	1%
Health Education / Instruction	391	1%
Health Exams of Defined Subpops	144	0%
TB	70	0%
Other medical exam for admin purposes	373	1%
PT	9	0%
Dietary	42	0%
Radiological exam	1	0%
Other	4,127	8%
<b>Total for SCUSU</b>	<b>49,276</b>	<b>100%</b>

Source: IHSPES



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## **Appendix H-2: Outpatient Visit Volume by Age Group**

**by Primary, Secondary, Tertiary Diagnoses (1999 - 2004)**





## UTE MOUNTAIN UTE HEALTH CENTER

Diagnosis #	Diagnostic Category	0	1-14	15-44	45-64	65+	Total		% of Total						
									Diagnostic Group	0	1-14	15-44	45-64	65+	
Primary	Other / Supplemental	200	1,499	4,808	2,106	759	9,372		41%	2%	16%	51%	22%	8%	
	Endocrine, nutritional, metabolic diseases, and immunity disorders		7	655	1,077	794	2,533		11%	0%	0%	26%	43%	31%	
	Diseases of the Respiratory System	67	519	889	323	67	1,865		8%	4%	28%	48%	17%	4%	
	Mental Disorders		181	970	197	12	1,360		6%	0%	13%	71%	14%	1%	
	Symptoms, Signs, and Ill-defined conditions	23	146	709	308	107	1,293		6%	2%	11%	55%	24%	8%	
	Diseases of the Musculoskeletal and Connective Tissue		34	574	311	136	1,055		5%	0%	3%	54%	29%	13%	
	Diseases of the Nervous System and Sense Organs	39	248	405	149	91	932		4%	4%	27%	43%	16%	10%	
	Injury and Poisoning	2	154	529	144	36	865		4%	0%	18%	61%	17%	4%	
	Diseases of the Genitourinary System		23	295	257	209	784		3%	0%	3%	38%	33%	27%	
	Diseases of the Circulatory System		3	225	317	189	734		3%	0%	0%	31%	43%	26%	
	Diseases of the Skin and Subcutaneous Tissue	6	93	337	127	28	591		3%	1%	16%	57%	21%	5%	
	Infectious and Parasitic Disease	6	183	259	72	13	533		2%	1%	34%	49%	14%	2%	
	Diseases of the Digestive System	13	67	251	93	47	471		2%	3%	14%	53%	20%	10%	
	Complications of Pregnancy, Childbirth, and the Puerperium		1	159			160		1%	0%	1%	99%	0%	0%	
	Diseases of the Blood and Blood-Forming Organs		2	27	16	34	79		0%	0%	3%	34%	20%	43%	
	Neoplasms		1	5	14	3	23		0%	0%	4%	22%	61%	13%	
	Congenital Anomalies		4	6	4		14		0%	0%	29%	43%	29%	0%	
	Certain Conditions Originating in the Perinatal Period	12	1				13		0%	92%	8%	0%	0%	0%	
	Primary Total		368	3,166	11,103	5,515	2,525	22,677	100%	2%	14%	49%	24%	11%	
Secondary	Other / Supplemental	42	268	1,072	494	261	2,137		21%	2%	13%	50%	23%	12%	
	Endocrine, nutritional, metabolic diseases, and immunity disorders		4	39	462	691	337	1,533		15%	0%	3%	30%	45%	22%
	Diseases of the Circulatory System		4	241	406	275	926		9%	0%	0%	26%	44%	30%	
	Symptoms, Signs, and Ill-defined conditions	13	94	443	227	109	886		9%	1%	11%	50%	26%	12%	
	Diseases of the Nervous System and Sense Organs	15	183	354	177	114	843		8%	2%	22%	42%	21%	14%	
	Mental Disorders		1	23	663	127	16	830		8%	0%	3%	80%	15%	
	Diseases of the Respiratory System	22	185	340	160	43	750		7%	3%	25%	45%	21%	6%	
	Diseases of the Genitourinary System		17	205	156	166	544		5%	0%	3%	38%	29%	31%	
	Diseases of the Musculoskeletal and Connective Tissue		7	207	193	114	521		5%	0%	1%	40%	37%	22%	
	Diseases of the Skin and Subcutaneous Tissue	5	31	156	74	18	284		3%	2%	11%	55%	26%	6%	
	Diseases of the Digestive System	9	23	130	66	28	256		3%	4%	9%	51%	26%	11%	
	Injury and Poisoning	1	30	141	57	14	243		2%	0%	12%	58%	23%	6%	
	Infectious and Parasitic Disease	4	18	114	54	21	211		2%	2%	9%	54%	26%	10%	
	Diseases of the Blood and Blood-Forming Organs		3	47	26	33	109		1%	0%	3%	43%	24%	30%	
	Complications of Pregnancy, Childbirth, and the Puerperium			32		2	32		0%	0%	0%	100%	0%	0%	
	Congenital Anomalies		3	9	2	1	15		0%	0%	20%	60%	13%	7%	
	Neoplasms			3	4	5	12		0%	0%	0%	25%	33%	42%	
	Certain Conditions Originating in the Perinatal Period	5					5		0%	100%	0%	0%	0%	0%	
	Secondary Total		121	928	4,619	2,914	1,555	10,137	45%	100%	1%	9%	46%	29%	15%
Tertiary	Other / Supplemental	31	147	414	271	208	1,071		25%	3%	14%	39%	25%	19%	
	Endocrine, nutritional, metabolic diseases, and immunity disorders		10	177	329	157	673		16%	0%	1%	26%	49%	23%	
	Diseases of the Circulatory System	1	2	112	214	155	484		11%	0%	0%	23%	44%	32%	
	Symptoms, Signs, and Ill-defined conditions	1	22	185	153	76	437		10%	0%	5%	42%	35%	17%	
	Diseases of the Nervous System and Sense Organs	1	34	123	85	41	284		7%	0%	12%	43%	30%	14%	
	Diseases of the Respiratory System	3	30	102	68	24	227		5%	1%	13%	45%	30%	11%	
	Diseases of the Musculoskeletal and Connective Tissue			73	94	57	224		5%	0%	0%	33%	42%	25%	
	Mental Disorders		5	139	72	8	224		5%	0%	2%	62%	32%	4%	
	Diseases of the Genitourinary System		5	53	52	37	147		3%	0%	3%	36%	35%	25%	
	Diseases of the Digestive System	2	6	49	49	24	130		3%	2%	5%	38%	38%	18%	
	Diseases of the Skin and Subcutaneous Tissue	1	11	41	41	16	110		3%	1%	10%	37%	37%	15%	
	Injury and Poisoning		9	60	21	6	96		2%	0%	9%	63%	22%	6%	
	Infectious and Parasitic Disease	1	5	47	20	11	84		2%	1%	6%	56%	24%	13%	
	Diseases of the Blood and Blood-Forming Organs			32	18	28	78		2%	0%	0%	41%	23%	36%	
	Complications of Pregnancy, Childbirth, and the Puerperium			38		3	38		1%	0%	0%	100%	0%	0%	
	Neoplasms			2	2	14	18		0%	0%	0%	11%	0%	78%	
	Congenital Anomalies			4		1	5		0%	0%	0%	80%	0%	20%	
	Certain Conditions Originating in the Perinatal Period	1					1		0%	100%	0%	0%	0%	0%	
	Tertiary Total		42	286	1,651	1,489	863	4,331	19%	100%	1%	7%	38%	34%	20%





**Appendix H-3: Top 50 Diagnoses****Top 50 Diagnoses: UTE MOUNTAIN UTE Health Center**

UTE MOUNTAIN UTE HC			2004		1999-2004
ICD DIAGNOSIS NAME	1999	2004	% of Total	Cum % Total	% Change
Dental Examination	836	2,259	10%	10%	170%
Diab Uncomp Typ Ii/Niddm	420	2,067	9%	19%	392%
Issue Repeat Prescript	21	1,398	6%	25%	6557%
Acute Uri Nos	436	671	3%	28%	54%
Vaccine And Inocula Influenza		575	3%	31%	
Hypertension Nos	193	476	2%	33%	147%
Eye & Vision Examination	48	463	2%	35%	865%
Chronic Renal Failure	72	429	2%	37%	496%
Brief Depressive React	17	415	2%	39%	2341%
Fit Contact Lens/Glasses	157	377	2%	40%	140%
Family Circumstances Nec	18	318	1%	42%	1667%
Supervis Oth Normal Preg	125	303	1%	43%	142%
Med Exam Nec-Admin Purp	43	284	1%	44%	560%
Routin Child Health Exam	173	252	1%	45%	46%
Otitis Media Nos	82	214	1%	46%	161%
Alcohol Abuse-Unspec	39	212	1%	47%	444%
Hx-Health Hazards Nec	37	205	1%	48%	454%
Rheumatoid Arthritis	70	205	1%	49%	193%
Allergic Rhinitis Nos	66	193	1%	50%	192%
Gynecologic Examination	24	180	1%	51%	650%
Observation For Oth Spec Suspected Condit		177	1%	51%	
Headache	64	154	1%	52%	141%
Chronic Sinusitis Nos	69	153	1%	53%	122%
Counseling For Parent/Child Prob, Unsp	89	143	1%	53%	61%
Diab Uncontrol, Type Ii	5	143	1%	54%	2760%
Contraceptive Mangmt Nec	8	141	1%	55%	1663%
Administrtrve Encount Nec	251	133	1%	55%	-47%
Asthma Unspecified	61	132	1%	56%	116%
Nasal & Sinus Dis Nec	16	132	1%	56%	725%
Noninf Gastroenterit Nec	43	119	1%	57%	177%
Rout Postpart Follow-Up	69	119	1%	58%	72%
Pediculus Capitis	34	118	1%	58%	247%
Acute Pharyngitis	18	116	1%	59%	544%
Acute Nasopharyngitis	1	111	0%	59%	11000%
Cough	4	110	0%	60%	2650%
Alcoh Dep Nec/Nos-Unspec	65	105	0%	60%	62%
Bereavement, Uncomplicat	33	105	0%	60%	218%
Myalgia And Myositis Nos	17	103	0%	61%	506%
Pneumonia, Organism Nos	27	98	0%	61%	263%
Dermatitis Nos	69	97	0%	62%	41%
Backache Nos	42	96	0%	62%	129%
Laboratory Examination	29	96	0%	63%	231%
Health Exam-Group Survey	148	94	0%	63%	-36%
Hypothyroidism Nos	42	94	0%	63%	124%
Urin Tract Infection Nos	43	93	0%	64%	116%
Depressive Disorder Nec	70	90	0%	64%	29%
Unspec Viral Infections	8	90	0%	65%	1025%
Acne Nec	46	87	0%	65%	89%
Schizophrenia Nos-Unspec	8	87	0%	65%	988%
Legal Circumstances	65	84	0%	66%	29%
All Other	4,378	7,761	34%	100%	77%
<b>UTE MOUNTAIN UTE HC Total</b>	<b>8,699</b>	<b>22,677</b>	<b>100%</b>	<b>-</b>	<b>161%</b>



## Top 50 Diagnoses: SOUTHERN MOUNTAIN UTE Health Center

SOUTHERN UTE HC			2004		1999-2004
ICD DIAGNOSIS NAME	1999	2004	% of Total	Cum % Total	% Change
Dental Examination	1,017	3,288	13%	13%	223%
Diab Uncomp Typ II/Niddm	743	2,745	10%	23%	269%
Hypertension Nos	227	891	3%	26%	293%
Acute Uri Nos	262	596	2%	29%	127%
Vaccine And Inocula Influenza		530	2%	31%	
Chronic Renal Failure	159	460	2%	32%	189%
Depressive Disorder Nec	76	423	2%	34%	457%
Routin Child Health Exam	150	390	1%	35%	160%
Oth Specified Counseling	118	369	1%	37%	213%
Allergic Rhinitis Nos	236	345	1%	38%	46%
Rheumatoid Arthritis	181	337	1%	39%	86%
Supervis Oth Normal Preg	235	312	1%	41%	33%
Acute Pharyngitis	57	278	1%	42%	388%
Headache	90	272	1%	43%	202%
Gynecologic Examination		269	1%	44%	
Abdominal Pain, Uns Site	105	230	1%	45%	119%
Schizophrenia Nos-Unspec	83	226	1%	45%	172%
Hypothyroidism Nos	93	218	1%	46%	134%
Contracept Surveill Nec		209	1%	47%	
Other Convulsions	74	200	1%	48%	170%
Supervis Normal 1st Preg		199	1%	49%	
Other Unspec Counseling	210	197	1%	49%	-6%
Hyperlipidemia Nec/Nos	19	187	1%	50%	884%
Contracept Pill Surveill		169	1%	51%	
Alcoh Dep Nec/Nos-Unspec	106	163	1%	51%	54%
Asthma Unspecified	80	155	1%	52%	94%
Backache Nos	82	155	1%	53%	89%
Astigmatism Nos	124	153	1%	53%	23%
Esophageal Reflux	27	146	1%	54%	441%
Anxiety State Nos	41	141	1%	54%	244%
Myalgia And Myositis Nos	62	129	0%	55%	108%
Diab Renal Manif Typ II/		126	0%	55%	
Endocrine Disorder Nos	1	125	0%	56%	12400%
Urin Tract Infection Nos	82	116	0%	56%	41%
Rout Postpart Follow-Up	27	112	0%	56%	315%
Otitis Media Nos	70	111	0%	57%	59%
Strep Sore Throat	23	111	0%	57%	383%
Cva	10	110	0%	58%	1000%
Cough	28	108	0%	58%	286%
Joint Pain-L/Leg	46	108	0%	59%	135%
Dermatitis Nos	49	106	0%	59%	116%
Chr Airway Obstruct Nec	14	103	0%	59%	636%
Unsp Mig W/O Intract Mig	58	100	0%	60%	72%
Postsurgical States Nec	41	97	0%	60%	137%
Routine Medical Exam		94	0%	60%	
Acne Nec	37	89	0%	61%	141%
Med Exam Nec-Admin Purp		89	0%	61%	
Unsfed Gas/Gasdn W/O M Hm	14	88	0%	61%	529%
Attn Deficit W Hyperact	44	85	0%	62%	93%
Nonspecif Skin Erupt Nec	27	83	0%	62%	207%
All Other	3,838	9,961	38%	100%	160%
<b>SOUTHERN UTE HC Total</b>	<b>9,066</b>	<b>26,304</b>	<b>100%</b>	<b>-</b>	<b>190%</b>



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## Appendix I: Questions To BE Present to Health Board

\*\*\*TO BE DONE\*\*\*

### SCUSU Service Unit Master Plan Questionnaire Health Board and Tribal Consultation Questions

#### General Questions for Discussion

1. What characteristics and services of the SCUSU should determine priority for funding?
  - a. Distance to care – how it affects access to care
  - b. Number of patients who actually use the clinic services
  - c. Quality of health & incidence of disease – review historical epidemiology statistics
  - d. Quality of care VS proximity to care -- Are issues of quality of care more or less important than convenience/location of service?
  - e. Others ... ?
2. Which of the services that SCUSU presently refers out, or contracts for services, do you believe could be adequately located in the SCUSU?
3. How can we improve the health care delivery of the SCUSU area? Be specific about improvements.
  - a. How to improve existing services within the hospital/clinic?
  - b. New services within the hospital/clinic?
    - i. What is being considered?
    - ii. What should be considered?
  - c. Improved facilities ?
  - d. New facilities?
  - e. Service Improvements
4. Are there communities or geographic groups of communities that are specifically underserved in relationship to access to primary care at SCUSU?  
Please list
5. Should we re-define the communities and the service centers they fall under? Is everyone included?
6. What is the best strategy to provide care for non-SCUSU enrolled Indians?



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## Appendix J: List of Service Prioritization by SCUSU Health Board

*At time of printing, there was insufficient data or data was inaccessible to CL Associates for this Appendix.*

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## **Appendix K: Staffing Needs Summary**



# Appendix K: Southern Ute Staffing Needs Summary PRELIMINARY & Pending Staff Input

2015 RRM based on Projected Active User Population of 2968 Patients

2004 User Population	1299 PLUS	2004 Non-SCUSU Tribal User Population	1,03
2004 Outpatient Visits	26,304	2004 Laboratory Tests (3)	10,73
2004 In Hospital Visits (1)	424	2004 Laboratory Visits (3)	26,63
2004 Optometry visits (2)	474	2004 Dental Visits (2)	3,28
2004 Pharmacy visits (2)	7,676	2004 Dental Patients	1,290
2004 Pharmacy total prescriptions (2)	37,470	2004 Xray exams (3)	642

\* Information from (1) IHPES (2) RPMS (3) providers and based on observation of use

	2004 Staffing	Needed for Current Use	Unfilled Positions / Vacancies	2015 Need From 2004 RRM	2015 REAL Need Based on Use Projection
<b>INPATIENT CARE</b>					
INPATIENT PHYSICIANS					
Chief of Service				0.00	
GM Physician				0.00	
Peds. Physician				0.00	
OB/GYN Physician				0.00	
Clerical Support				0.00	
Subtotal:	0	0	0	0.00	0
SURGEONS					
General Surgeon				0.00	
OB/GYN Surgeon				0.00	
Nurse/Midwife				0.00	
Anesthesiologist				0.00	
Subtotal:	0	0	0	0.00	0
NURSING					
Nursing Administration	0			0.00	
Admin. Clerical Support	0			0.00	
GM/SURG-Registered Nurse	0			0.00	
GM/SURG - LPN/Technician	0			0.00	
GM/SURG - Clerical Support				0.00	
PED-Registered Nurse				0.00	
PED-LPN/Technician				0.00	
PED - Clerical Support				0.00	
OB/L&D - Registered Nurse				0.00	
OB/L&D - LPN/Technician				0.00	
OB/L&D - Clerical Support				0.00	
Newborn - LPN/Technician				0.00	
Newborn - Clerical Support				0.00	
Nursery, RN, Fixed				0.00	
Nurse Assistant	0			0.00	
Nursery, Clerical Support				0.00	
ICU, RN				0.00	
ICU, Clerical Support				0.00	
Step-Down Unit, RN				0.00	
Step-Down Unit, LPN				0.00	
Step-Down Unit, Clerical Support				0.00	
OR RN				0.00	
OR, LPN/Technician				0.00	
Post Anesthesia Recovery, RN				0.00	
Ambulatory Surgery, RN				0.00	
Psych-RN, Fixed				0.00	
Psych, LPN/Technician				0.00	
Psych, Clerical Support				0.00	
Quality Improvement Nurse				0.00	
Discharge Planning Nurse				0.00	
Observ. Bed - Registered Nurse				0.00	
Patient Escort, RN				0.00	
Nurse Educator				0.00	
Subtotal:	0	0	0	0.00	0
INPATIENT DEVIATIONS					
Inpatient Pharmacist				0.00	
Subtotal:	0	0	0	0.00	0
<b>SUBTOTAL-Inpatient Services</b>				<b>0.00</b>	

		2004 Staffing	Needed for Current Use	Unfilled Positions / Vacancies	2015 Need From 2004 RRM	2015 REAL Need Based on Use Projection
<b>AMBULATORY CARE</b>						
EMERGENCY						
	ER/After Hours Staff				0.00	
	ER RN Supervisor				0.00	
	ER Medical Clerks				0.00	
	RNs, ER				0.00	
	Subtotal:	0	0	0	0.00	0
AMBULATORY PHYSICIAN						
	Primary Care Provider	2	0		10.22	
	Specialty Care Provider	0			0.44	
	Primary Care Provider (CHA/P)	0			0.00	
	Physician / Medical Assistant				0.00	
	Clerical Support				2.25	
	Subtotal:	2	0	0	12.91	0
AMBULATORY SURGERY						
	General Surgeon				0.00	
	Subtotal:	0	0	0	0.00	0
NURSING AMBULATORY						
	Nurse Supervisory	0.5			1.00	
	Nurse Practitioner	0			1.00	
	Nurse Manager	0			2.71	
	RN, Core Activities	2			11.86	
	LPN	0			4.00	
	Clerical Support	0			3.77	
	Infection Control Nurse				0.00	
	Nursing Assistant	0			0.00	
	Subtotal:	2.5	0	0	24.34	0
EYE CARE						
	Optometrist	0.1			2.08	
	Optometric Assistant	0			1.78	
	Optometric Technician	1			1.78	
	Ophthalmologist	0			0.00	
	Ophthalmologist Assistant	0			0.00	
	Subtotal:	1.1	0	0	5.64	0
AUDIOLOGY						
	Audiologist	0.1			1.29	
	Audiometric Technician				0.29	
	Subtotal:	0.1	0	0	1.58	0
PHYSICAL THERAPY						
	Physical Therapist	0	0		2.29	
	Occupational Therapist	0	0			
	Speech Therapist	0				
	Subtotal:	0	0	0	2.29	0
CLERICAL POOL						
	PT, Audiology & Eye Care	0	0		1.13	
	Subtotal:	0	0	0	1.13	0
DENTAL						
	Dentist	1	0		12.91	
	Dental Assistant	2			25.81	
	Dental Hygienist	0			3.23	
	Clerical Support				3.87	
	Subtotal:	3	0	0	45.82	0
AMBULATORY DEVIATIONS & Notes						
	MD - Internist	0			0.00	
	Ambulatory Dev2				0.00	
	Nurse Educator	0			0.00	
	Subtotal:	8.7			0.00	
<b>SUBTOTAL - Ambulatory Clinics</b>		<b>17.40</b>	<b>0.00</b>	<b>0.00</b>	<b>93.71</b>	<b>0.00</b>



		2004 Staffing	Needed for Current Use	Unfilled Positions / Vacancies	2015 Need From 2004 RRM	2015 REAL Need Based on Use Projection
<b>CLINICAL SUPPORT (ANCILLARY SERVICES)</b>						
LABORATORY						
	Medical Technologist	0.5			3.40	
	Medical Lab Aid	0			0.00	
	Medical Technician				2.65	
	Subtotal:	0.5	0	0	6.05	0
PHARMACY						
	Pharmacist	1.5	0		8.67	
	Pharmacist (CHA/P)				0.00	
	Pharmacy Technician	0			3.28	
	Subtotal:	1.5	0	0	11.95	0
DIAGNOSTIC IMAGING						
	Imaging Technologist	0.5			3.10	
	Imaging Technologist (CHA/P)	0			0.00	
	Subtotal:	0.5	0	0	3.10	0
MEDICAL RECORDS						
	Medical Records Administrator	0			1.00	
	Medical Records Technician	1			9.89	
	Medical Records Technician (CHA/P)				0.00	
	PCC Supervisor				1.29	
	PCC Data Entry Personnel				5.14	
	PCC Data Entry Personnel (CHA/P)				0.00	
	Coder				4.83	
	Clerks	0	0		0.57	
	Subtotal:	1	0	0	22.72	0
RESPIRATORY THERAPY						
	Respiratory Staff				1.04	
	Subtotal:	0	0	0	1.04	0
CLERICAL POOL						
	Lab, Pharmacy & Imaging	0			1.13	
	Subtotal:	0	0	0	1.13	0
ANCILLARY DEVIATIONS						
	ANCIL_DEV1				0.00	
	ANCIL_DEV2				0.00	
	ANCIL_DEV3				0.00	
	ANCIL_DEV4				0.00	
	Subtotal:	0	0	0	0.00	0
<b>SUBTOTAL - Ancillary Services</b>		<b>3.50</b>	<b>0.00</b>	<b>0.00</b>	<b>45.99</b>	<b>0.00</b>
<b>COMMUNITY HEALTH</b>						
PUBLIC HEALTH NUTRITION						
	Nutritionist / Dietician	0	1		3.52	
	Subtotal:	0	1	0	3.52	0
PUBLIC HEALTH NURSING						
	Public Health Nurse Manager	0			1.00	
	Public Health Nurse	1			13.55	
	Public Health Nurse - School				0.00	
	Clerical Support	0			1.71	
	Subtotal:	1	0	0	16.26	0
HEALTH EDUCATION						
	Diabetes	0				
	Public Health Educator		1		2.68	
	Subtotal:	0	1	0	2.68	0
OFC OF ENVIRONMENTAL HEALTH & ENGRG						
	OEHE RRM				3.00	
	Subtotal:	0	0	0	3.00	0
<b>SUBTOTAL - Community Health</b>					<b>25.46</b>	

		2004 Staffing	Needed for Current Use	Unfilled Positions / Vacancies	2015 Need From 2004 RRM	2015 REAL Need Based on Use Projection
<b>BEHAVIORAL HEALTH SERVICES</b>						
	MENTAL HEALTH					
	Clinical Psychologists	0			5.76	
	Subtotal:	0	0	0	5.76	0
	SOCIAL SERVICES					
	MSW Counselor - Outpts	0	0			
	MSW Counselor Inpatient Only				0.28	
	Substance Abuse Specialist	0	0			
	Social Service Staff				3.84	
	Subtotal:	0	0	0	4.12	0
	CLERICAL POOL					
	Behavioral Health				1.13	
	Subtotal:	0	0	0	1.13	0
	RRM DEVIATIONS - COMMUNITY HEALTH					
	Psychiatrist	0	0		0.00	
	Mental Health Technician	1			0.00	
	Behavioral Health Director	1			0.00	
	CM_DEV4				0.00	
	CM_DEV5				0.00	
	CM_DEV6				0.00	
	Subtotal:	2	0	0	0.00	0
	<b>SUBTOTAL - Behavioral Health Services</b>	<b>2.00</b>	<b>0.00</b>	<b>0.00</b>	<b>11.01</b>	<b>0.00</b>
<b>ADMINISTRATIVE SUPPORT</b>						
	ADMINISTRATION					
	Executive Staff	0.5			4.09	
	Admin. Support Staff	1			2.00	
	Clinical Director				1.00	
	Subtotal:	1.5	0	0	7.09	0
	FINANCIAL MANAGEMENT					
	Budget Analyst				0.00	
	Subtotal:	0	0	0	0.00	0
	OFFICE SERVICES					
	Office Staff				6.95	
	Subtotal:	0	0	0	6.95	0
	CONTRACT HEALTH SERVICES					
	CHS Staff	1	3		3.25	
	CHS Manager				1.00	
	Utilization Review		0		0.65	
	Subtotal:	1	3	0	4.90	0
	BUSINESS OFFICE **					
	Business Manager			1	1.00	
	Patient Registration Tech.				3.25	
	Benefit Coordinator				2.56	
	Medical Assistant / Techs					
	Benefits Coordinator	1				
	Billing Clerk				4.19	
	Subtotal:	1	0	1	11.00	0
	SITE MANAGEMENT/RPMS/MIS					
	Computer Programmer/Analyst		0		3.45	
	Subtotal:	0	0	0	3.45	0
	QUALITY MANAGEMENT:					
	Performance Improvement Staff	0			2.32	
	Clerical Support	0	0		0.61	
	Subtotal:	0	0	0	2.93	0
	CENTRAL SUPPLY					
	Central Supply Staff	0	0		6.03	
	Courier / Mail clerk				0.00	
	Subtotal:	0	0	0	6.03	0
	INTERPRETERS					
	Interpreter				0.00	
	Subtotal:	0	0	0	0.00	0
	DRIVERS					
	Driver				2.46	
	Subtotal:	0	0	0	2.46	0
	RRM DEVIATIONS - ADMINISTRATION					
	Bus Office Switchboard				0.00	
	Utilization Management	0	0		0.00	
	Subtotal:	0	0	0	0.00	0
	<b>SUBTOTAL - Administration</b>	<b>3.50</b>	<b>3.00</b>	<b>1.00</b>	<b>44.81</b>	<b>0.00</b>

				2004 Staffing	Needed for Current Use	Unfilled Positions / Vacancies	2015 Need From 2004 RRM	2015 REAL Need Based on Use Projection
<b>S</b>								
	HOUSEKEEPING							
		Janitor/Housekeeper		0			14.11	
		Subtotal:		0	0	0	14.11	0
	FACILITY MAINTENANCE							
		Maintenance Staff		0	0		11.34	
		Subtotal:		0	0	0	11.34	0
	CLINICAL ENGINEERING							
		Clinical Engineering Staff		0			2.89	
		Subtotal:		0	0	0	2.89	0
	LAUNDRY							
		Laundry Staff					1.35	
		Subtotal:		0	0	0	1.35	0
	FOOD SERVICES							
		Food Services Staff		0			6.36	
		Subtotal:		0	0	0	6.36	0
	MATERIALS MANAGEMENT							
		Warehouseman					3.64	
		Subtotal:		0	0	0	3.64	0
	STAFF HEALTH							
		Registered Nurse					0.90	
		Clerical Support					0.68	
		Subtotal:		0	0	0	1.58	0
	CLERICAL POOL							
		Facility Support		0			1.13	
		Subtotal:		0	0	0	1.13	0
	SECURITY							
		Security Personnel (housekeeping staff)		0			5.02	
		Subtotal:		0	0	0	5.02	0
	<b>SUBTOTAL - Facility Support</b>			<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>47.42</b>	<b>0.00</b>
	<b>EMERGENCY MEDICAL SERVICES</b>							
	EMS							
		EMT-B					0.00	
		EMT-I/P					0.00	
		Clerks					0.00	
		Supervisor					0.00	
	<b>SUBTOTAL - Emergency Medical Services</b>			<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
	<b>GRAND TOTAL</b>			<b>26.40</b>	<b>3.00</b>	<b>1.00</b>	<b>268.40</b>	<b>0.00</b>

**Appendix K: Ute Mountain Ute Staffing Needs Summary PRELIMINARY & Pending Staff Input**  
**2015 RRM based on Projected Active User Population of 3304 Patients**

2004 User Population	1,710	PLUS	2004 Non-SCUSU Tribal User Population	1,37
2004 Outpatient Visits	22,677		2004 Laboratory Tests	
2004 Inpatient Visits (1)	N/A		2004 Laboratory Visits (2)	4
2004 Optometry visits (2)	1,187		2004 Dental Visits (2)	2,22
2004 Pharmacy visits (2)	10,540		2004 Dental Patients	2,25
2004 Pharmacy total prescriptions (2)	4,950			

\* Information from (1) IHPES (2) RPMS (3) providers and based on observation of use

		2004 Staffing	Needed for Current Use	Unfilled Positions / Vacancies	2015 Need From 2004 RRM	2015 REAL Need Based on Use Projection
<b>INPATIENT CARE</b>						
<b>INPATIENT PHYSICIANS</b>						
	Chief of Service				0.00	
	GM Physician				0.00	
	Peds. Physician				0.00	
	OB/GYN Physician				0.00	
	Clerical Support				0.00	
	<b>Subtotal:</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>	<b>0</b>
<b>SURGEONS</b>						
	General Surgeon				0.00	
	OB/GYN Surgeon				0.00	
	Nurse/Midwife				0.00	
	Anesthesiologist				0.00	
	<b>Subtotal:</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>	<b>0</b>
<b>NURSING</b>						
	Nursing Administration	0			0.00	
	Admin. Clerical Support	0			0.00	
	GM/SURG-Registered Nurse	0			0.00	
	GM/SURG - LPN/Technician	0			0.00	
	GM/SURG - Clerical Support				0.00	
	PED-Registered Nurse				0.00	
	PED-LPN/Technician				0.00	
	PED - Clerical Support				0.00	
	OB/L&D - Registered Nurse				0.00	
	OB/L&D - LPN/Technician				0.00	
	OB/L&D - Clerical Support				0.00	
	Newborn - LPN/Technician				0.00	
	Newborn - Clerical Support				0.00	
	Nursery, RN, Fixed				0.00	
	Nurse Assistant	0			0.00	
	Nursery, Clerical Support				0.00	
	ICU, RN				0.00	
	ICU, Clerical Support				0.00	
	Step-Down Unit, RN				0.00	
	Step-Down Unit, LPN				0.00	
	Step-Down Unit, Clerical Support				0.00	
	OR RN				0.00	
	OR, LPN/Technician				0.00	
	Post Anesthesia Recovery, RN				0.00	
	Ambulatory Surgery, RN				0.00	
	Psych-RN, Fixed				0.00	
	Psych, LPN/Technician				0.00	
	Psych, Clerical Support				0.00	
	Quality Improvement Nurse				0.00	
	Discharge Planning Nurse				0.00	
	Observ. Bed - Registered Nurse				0.00	
	Patient Escort, RN				0.00	
	Nurse Educator				0.00	
	<b>Subtotal:</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>	<b>0</b>
<b>INPATIENT DEVIATIONS</b>						
	Inpatient Pharmacist				0.00	
	<b>Subtotal:</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>	<b>0</b>
<b>SUBTOTAL-Inpatient Services</b>					<b>0.00</b>	

		2004 Staffing	Needed for Current Use	Unfilled Positions / Vacancies	2015 Need From 2004 RRM	2015 REAL Need Based on Use Projection
<b>AMBULATORY CARE</b>						
	EMERGENCY					
	ER/After Hours Staff				0.00	
	ER RN Supervisor				0.00	
	ER Medical Clerks				0.00	
	RNs, ER				0.00	
	Subtotal:	0	0	0	0.00	0
	AMBULATORY PHYSICIAN					
	Primary Care Provider	2	0		10.22	
	Specialty Care Provider	0			0.44	
	Primary Care Provider (CHA/P)	0			0.00	
	Physician / Medical Assistant				0.00	
	Clerical Support				2.25	
	Subtotal:	2	0	0	12.91	0
	AMBULATORY SURGERY					
	General Surgeon				0.00	
	Subtotal:	0	0	0	0.00	0
	NURSING AMBULATORY					
	Nurse Supervisory	1			1.00	
	Nurse Practitioner	1			1.00	
	Nurse Manager	0			2.71	
	RN, Core Activities	2			11.86	
	LPN	0			4.00	
	Clerical Support	0			3.77	
	Community Health Nurse	1			0.00	
	Nursing Assistant	0			0.00	
	Subtotal:	5	0	0	24.34	0
	EYE CARE					
	Optometrist	0.1			2.08	
	Optometric Assistant	0			1.78	
	Optometric Technician	1			1.78	
	Ophthalmologist	0			0.00	
	Ophthalmologist Assistant	0			0.00	
	Subtotal:	1.1	0	0	5.64	0
	AUDIOLOGY					
	Audiologist	0.1			1.29	
	Audiometric Technician				0.29	
	Subtotal:	0.1	0	0	1.58	0
	PHYSICAL THERAPY					
	Physical Therapist	0	0		2.29	
	Occupational Therapist	0	0			
	Speech Therapist	0				
	Subtotal:	0	0	0	2.29	0
	CLERICAL POOL					
	PT, Audiology & Eye Care	0	0		1.13	
	Subtotal:	0	0	0	1.13	0
	DENTAL					
	Dentist	1	0		12.91	
	Dental Assistant	2			25.81	
	Dental Hygienist	0			3.23	
	Clerical Support				3.87	
	Subtotal:	3	0	0	45.82	0
	AMBULATORY DEVIATIONS & Notes					
	MD - Internist	0			0.00	
	Ambulatory Dev2				0.00	
	Nurse Educator	0			0.00	
	Subtotal:	0			0.00	
	<b>SUBTOTAL - Ambulatory Clinics</b>	<b>11.20</b>	<b>0.00</b>	<b>0.00</b>	<b>93.71</b>	<b>0.00</b>

		2004 Staffing	Needed for Current Use	Unfilled Positions / Vacancies	2015 Need From 2004 RRM	2015 REAL Need Based on Use Projection
<b>CLINICAL SUPPORT (ANCILLARY SERVICES)</b>						
LABORATORY						
	Medical Technologist	0.5			3.40	
	Medical Lab Aid	0			0.00	
	Medical Technician				2.65	
	Subtotal:	0.5	0	0	6.05	0
PHARMACY						
	Pharmacist	1.5	0		8.67	
	Pharmacist (CHA/P)				0.00	
	Pharmacy Technician	0			3.28	
	Subtotal:	1.5	0	0	11.95	0
DIAGNOSTIC IMAGING						
	Imaging Technologist	0.5			3.10	
	Imaging Technologist (CHA/P)	0			0.00	
	Subtotal:	0.5	0	0	3.10	0
MEDICAL RECORDS						
	Medical Records Administrator	0			1.00	
	Medical Records Technician	1			9.89	
	Medical Records Technician (CHA/P)				0.00	
	PCC Supervisor				1.29	
	PCC Data Entry Personnel				5.14	
	PCC Data Entry Personnel (CHA/P)				0.00	
	Coder				4.83	
	Clerks	0	0		0.57	
	Subtotal:	1	0	0	22.72	0
RESPIRATORY THERAPY						
	Respiratory Staff				1.04	
	Subtotal:	0	0	0	1.04	0
CLERICAL POOL						
	Lab, Pharmacy & Imaging	0			1.13	
	Subtotal:	0	0	0	1.13	0
ANCILLARY DEVIATIONS						
	ANCIL_DEV1				0.00	
	ANCIL_DEV2				0.00	
	ANCIL_DEV3				0.00	
	ANCIL_DEV4				0.00	
	Subtotal:	0	0	0	0.00	0
<b>SUBTOTAL - Ancillary Services</b>		<b>3.50</b>	<b>0.00</b>	<b>0.00</b>	<b>45.99</b>	<b>0.00</b>
<b>COMMUNITY HEALTH</b>						
PUBLIC HEALTH NUTRITION						
	Nutritionist / Dietician	0	1		3.52	
	Subtotal:	0	1	0	3.52	0
PUBLIC HEALTH NURSING						
	Public Health Nurse Manager	0			1.00	
	Public Health Nurse	0			13.55	
	Public Health Nurse - School	0			0.00	
	Clerical Support	0			1.71	
	Subtotal:	0	0	0	16.26	0
HEALTH EDUCATION						
	Diabetes	0				
	Public Health Educator		1		2.68	
	Subtotal:	0	1	0	2.68	0
OFC OF ENVIRONMENTAL HEALTH & ENGRG						
	OEHE RRM				3.00	
	Subtotal:	0	0	0	3.00	0
<b>SUBTOTAL - Community Health</b>					<b>25.46</b>	

		2004 Staffing	Needed for Current Use	Unfilled Positions / Vacancies	2015 Need From 2004 RRM	2015 REAL Need Based on Use Projection
<b>BEHAVIORAL HEALTH SERVICES</b>						
	MENTAL HEALTH					
	Clinical Psychologists	0			5.76	
	Subtotal:	0	0	0	5.76	0
	SOCIAL SERVICES					
	MSW Counselor - Outpts	0	0			
	MSW Counselor Inpatient Only				0.28	
	Substance Abuse Specialist	0	0			
	Social Service Staff				3.84	
	Subtotal:	0	0	0	4.12	0
	CLERICAL POOL					
	Behavioral Health				1.13	
	Subtotal:	0	0	0	1.13	0
	RRM DEVIATIONS - COMMUNITY HEALTH					
	Psychiatrist	0	0		0.00	
	Mental Health Technician				0.00	
	Behavioral Health Director				0.00	
	CM_DEV4				0.00	
	CM_DEV5				0.00	
	CM_DEV6				0.00	
	Subtotal:	0	0	0	0.00	0
	<b>SUBTOTAL - Behavioral Health Services</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>11.01</b>	<b>0.00</b>
<b>ADMINISTRATIVE SUPPORT</b>						
	ADMINISTRATION					
	Executive Staff	0.5			4.09	
	Admin. Support Staff	1			2.00	
	Clinical Director				1.00	
	Subtotal:	1.5	0	0	7.09	0
	FINANCIAL MANAGEMENT					
	Budget Analyst				0.00	
	Subtotal:	0	0	0	0.00	0
	OFFICE SERVICES					
	Office Staff				6.95	
	Subtotal:	0	0	0	6.95	0
	CONTRACT HEALTH SERVICES					
	CHS Staff	0	3		3.25	
	CHS Manager				1.00	
	Utilization Review		0		0.65	
	Subtotal:	0	3	0	4.90	0
	BUSINESS OFFICE **					
	Business Manager			1	1.00	
	Patient Registration Tech.	1			3.25	
	Medical Assistant / Techs	1				
	Benefits Coordinator	1				
	Billing Clerk				4.19	
	Subtotal:	3	0	1	8.44	0
	SITE MANAGEMENT/ RPMS/MIS					
	Computer Programmer/Analyst		0		3.45	
	Subtotal:	0	0	0	3.45	0
	QUALITY MANAGEMENT:					
	Performance Improvement Staff	0			2.32	
	Clerical Support	0	0		0.61	
	Subtotal:	0	0	0	2.93	0
	CENTRAL SUPPLY					
	Central Supply Staff	0	0		6.03	
	Courier / Mail clerk				0.00	
	Subtotal:	0	0	0	6.03	0
	INTERPRETERS					
	Interpreter				0.00	
	Subtotal:	0	0	0	0.00	0
	DRIVERS					
	Driver				2.46	
	Subtotal:	0	0	0	2.46	0
	RRM DEVIATIONS - ADMINISTRATION					
	Bus Office Switchboard				0.00	
	Utilization Management	0	0		0.00	
	Subtotal:	0	0	0	0.00	0
	<b>SUBTOTAL - Administration</b>	<b>4.50</b>	<b>3.00</b>	<b>1.00</b>	<b>42.25</b>	<b>0.00</b>

		2004 Staffing	Needed for Current Use	Unfilled Positions / Vacancies	2015 Need From 2004 RRM	2015 REAL Need Based on Use Projection
<b>FACILITY SUPPORT</b>						
	HOUSEKEEPING					
	Janitor/Housekeeper	0			14.11	
	Subtotal:	0	0	0	14.11	0
	FACILITY MAINTENANCE					
	Maintenance Staff	0	0		11.34	
	Subtotal:	0	0	0	11.34	0
	CLINICAL ENGINEERING					
	Clinical Engineering Staff	0			2.89	
	Subtotal:	0	0	0	2.89	0
	LAUNDRY					
	Laundry Staff				1.35	
	Subtotal:	0	0	0	1.35	0
	FOOD SERVICES					
	Food Services Staff	0			6.36	
	Subtotal:	0	0	0	6.36	0
	MATERIALS MANAGEMENT					
	Warehouseman				3.64	
	Subtotal:	0	0	0	3.64	0
	STAFF HEALTH					
	Registered Nurse				0.90	
	Clerical Support				0.68	
	Subtotal:	0	0	0	1.58	0
	CLERICAL POOL					
	Facility Support	0			1.13	
	Subtotal:	0	0	0	1.13	0
	SECURITY					
	Security Personnel (housekeeping staff)	0			5.02	
	Subtotal:	0	0	0	5.02	0
	<b>SUBTOTAL - Facility Support</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>47.42</b>	<b>0.00</b>
<b>EMERGENCY MEDICAL SERVICES</b>						
	EMS					
	EMT-B				0.00	
	EMT-I/P				0.00	
	Clerks				0.00	
	Supervisor				0.00	
	<b>SUBTOTAL - Emergency Medical Services</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>GRAND TOTAL</b>		<b>19.20</b>	<b>3.00</b>	<b>1.00</b>	<b>265.84</b>	<b>0.00</b>



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## Appendix L: Provider Workload and Facility Need Projected to 2015



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## Appendix M: SCUSU Clinic Migration Data

Appendix M includes the following tables:

1. List of Communities Within Service Unit
2. Detailed chart of 2004 Patient Visits which shows the migratory pattern of how members of other tribes and Urban Indians use this Service Unit facilities and services. This data indicates the number of patient visits per tribe within each community receiving care at the Service Unit facilities.
3. Patient Visits by Albuquerque Area Tribe in FY 2004

COMMUNITIES WITHIN SCUSU
CORTEZ
DURANGO
DURANGO
HESPERUS
IGNACIO
MANCOS
PAGOSA SPRINGS
TOWAOC UTE
TOWAOC UTE
WHITE MESA



## SCUSU-Southern Ute

### FY 2004 Patient Visits

Community	Tribe	# of Patient Visits
ACOMA	PUEBLO OF ACOMA, NM	16
<b>ACOMA Total</b>		<b>16</b>
ALBUQUERQUE	DUCKWATER SHOSHONE TRIBE, NV	5
	NAVAJO TRIBE, AZ NM AND UT	2
	SOUTHERN UTE TRIBE, CO	16
	UTE MOUNTAIN TRB, CO NM AND UT	1
<b>ALBUQUERQUE Total</b>		<b>24</b>
ALLISON	HANNAHVILLE IND COMM POTAWATOMIE IND, MI	28
	NAVAJO TRIBE, AZ NM AND UT	23
	SOUTHERN UTE TRIBE, CO	63
	UTE MOUNTAIN TRB, CO NM AND UT	37
<b>ALLISON Total</b>		<b>151</b>
ARIZONA UNK	NAVAJO TRIBE, AZ NM AND UT	16
<b>ARIZONA UNK Total</b>		<b>16</b>
AZTEC	CHEYENNE-ARAPAHO TRIBES, OK	32
	CHOCTAW NATION, OK	2
	CITIZEN BAND POTAWATOMI, OK	8
	INDIAN - NON-TRIBAL MEMBER	9
	KAW INDIAN TRIBE, OK	13
	NARRAGANSETT INDIAN TRIBE, RI	17
	NAVAJO TRIBE, AZ NM AND UT	29
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	1
	PUEBLO OF ISLETA, NM	2
	SOUTHERN UTE TRIBE, CO	32
	UTE MOUNTAIN TRB, CO NM AND UT	5
<b>AZTEC Total</b>		<b>150</b>
BAYFIELD	CHEROKEE NATION, OK	98
	CHEYENNE RIVER SIOUX TRIBE, SD	6
	CHEYENNE-ARAPAHO TRIBES, OK	28
	CHICKASAW NATION, OK	20
	CHOCTAW NATION, OK	31
	CREEK NATION, OK	26
	HANNAHVILLE IND COMM POTAWATOMIE IND, MI	18
	HO-CHUNK NATION - WISCONSIN	32
	INDIAN - NON-TRIBAL MEMBER	15
	KIOWA INDIAN TRIBE, OK	3
	NAVAJO TRIBE, AZ NM AND UT	67
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	29
	ONEIDA TRIBE OF INDIANS, WI	3
	PUEBLO OF ACOMA, NM	44
	RED LAKE BAND OF CHIPPEWA, MN	7
	SANTEE SIOUX NATION, NE	8
	SOUTHERN UTE TRIBE, CO	463
	TOHONO O'ODHAM NATION, AZ (FORMERLY PAPAGO)	16
	UTE INDIAN TRIBE, UINTAH AND OURAY RES, UT	10
	UTE MOUNTAIN TRB, CO NM AND UT	87
	WHITE MOUNTAIN APACHE TRB, AZ	8
<b>BAYFIELD Total</b>		<b>1019</b>
BLANDING	UTE MOUNTAIN TRB, CO NM AND UT	1
<b>BLANDING Total</b>		<b>1</b>
BLOOMFIELD	NAVAJO TRIBE, AZ NM AND UT	20
	SOUTHERN UTE TRIBE, CO	6
<b>BLOOMFIELD Total</b>		<b>26</b>
BOSQUE FARMS	PUEBLO OF ISLETA, NM	5
<b>BOSQUE FARMS Total</b>		<b>5</b>
CALIFORNIA UNK	SOUTHERN UTE TRIBE, CO	3
<b>CALIFORNIA UNK Total</b>		<b>3</b>
CHAMA	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	18
<b>CHAMA Total</b>		<b>18</b>
COCHITI	PUEBLO OF COCHITI, NM	1
<b>COCHITI Total</b>		<b>1</b>
COLORADO UNK	CHEROKEE NATION, OK	4
	NAVAJO TRIBE, AZ NM AND UT	18
	PUEBLO OF TAOS, NM	2
	SAULT STE. MARIE CHIPPEWA TRIBE, MI	31
	SOUTHERN UTE TRIBE, CO	33
<b>COLORADO UNK Total</b>		<b>88</b>

# SCUSU-Southern Ute

Community	Tribe	# of Patient Visits
<b>CORTEZ</b>	NARRAGANSETT INDIAN TRIBE, RI	3
	NAVAJO TRIBE, AZ NM AND UT	3
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	4
	SOUTHERN UTE TRIBE, CO	34
<b>CORTEZ Total</b>		<b>44</b>
<b>DULCE</b>	JICARILLA APACHE TRIBE, NM	1
<b>DULCE Total</b>		<b>1</b>
<b>DURANGO</b>	ALEUT CORPORATION	30
	ARAPAHO TRIBE,WIND RIVER RES, WY	22
	ARIKARA,THREE AFFIL TRBS FT BERTHOLD RS,ND	1
	CADDO TRIBE INDIAN, OK	15
	CHEROKEE NATION, OK	147
	CHEYENNE RIVER SIOUX TRIBE, SD	2
	CHEYENNE-ARAPAHO TRIBES, OK	13
	CHICKASAW NATION, OK	28
	CHOCTAW NATION, OK	113
	CITIZEN BAND POTAWATOMI, OK	8
	CONFED TRIBES AND BANDS, YAKAMA NATION, WA	32
	CONFEDERATED TRIBES,COLVILLE RES, WA	5
	CONFEDERATED TRIBES,WARM SPRINGS RES, OR	3
	COVELO INDIAN COMM ROUND VALLEY RES, CA	1
	CREEK NATION, OK	80
	CROW CREEK SIOUX TRIBE, SD	12
	DOYAN, LIMITED	27
	FORT SILL APACHE TRIBE, OK	1
	FT. MCDOWELL MOHAVE-APACHE IND COMM, AZ	1
	HO-CHUNK NATION - WISCONSIN	3
	INDIAN - NON-TRIBAL MEMBER	66
	JICARILLA APACHE TRIBE, NM	14
	KICKAPOO TRIBE, KS	3
	KIOWA INDIAN TRIBE,OK	22
	MESCALERO APACHE TRIBE, NM	7
	NAVAJO TRIBE, AZ NM AND UT	1129
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	142
	NORTHERN CHEYENNE TRIBE, MT	2
	OGLALA SIOUX TRIBE, SD	71
	OMAHA TRIBE, NE	14
	ONEIDA TRIBE OF INDIANS, WI	34
	OSAGE TRIBE, OK	19
	PAIUTE INDIAN TRIBE, UT	3
	PAIUTE-SHOSHONE IND DUCK VALLEY, NV	5
	PONCA TRIBE, OK	11
	PRAIRIE BAND POTAWATOMI, KS	2
	PUEBLO OF ACOMA, NM	29
	PUEBLO OF COCHITI, NM	10
	PUEBLO OF JEMEZ, NM	8
	PUEBLO OF LAGUNA, NM	12
	PUEBLO OF POJOAQUE, NM	16
	PUEBLO OF SAN FELIPE, NM	2
	PUEBLO OF SAN JUAN, NM	1
	PUEBLO OF SANTA CLARA, NM	20
	PUEBLO OF SANTO DOMINGO, NM	6
	PUEBLO OF TAOS, NM	8
	PUEBLO OF TESUQUE, NM	2
	PYRAMID LAKE PAIUTE TRIBE, NV	9
	RED LAKE BAND OF CHIPPEWA, MN	2
	ROSEBUD SIOUX TRIBE, SD	2
	SALT RIVER PIMA-MARICOPA IND COMM, AZ	5
	SAN CARLOS APACHE TRIBE, AZ	17
	SEMINOLE NATION, OK	9
	SHOSHONE TRIBE WIND RIVER RES, WY	13
	SOUTHERN UTE TRIBE, CO	901
	THIRTEENTH REGIONAL CORPORATION	2
	TLINGIT & HAIDA INDIANS OF ALASKA	48
	TURTLE MOUNTAIN BAND CHIPPEWA, ND	10
	UTE INDIAN TRIBE, UINTAH AND OURAY RES, UT	17
	UTE MOUNTAIN TRB, CO NM AND UT	91
	WHITE MOUNTAIN APACHE TRB, AZ	15
	WINNEBAGO TRIBE, NE	1
	YANKTON SIOUX TRIBE, SD	1
	ZUNI TRIBE, NM	63
	All Other (tribes with <50 visits at any facility in 2004)	44
<b>DURANGO Total</b>		<b>3452</b>

# SCUSU-Southern Ute

Community	Tribe	# of Patient Visits
ESPANOLA	PUEBLO OF SANTA CLARA, NM	3
<b>ESPANOLA Total</b>		<b>3</b>
FARMINGTON	CHEROKEE NATION, OK	5
	CREEK NATION, OK	2
	HOPI TRIBE, AZ	65
	INDIAN - NON-TRIBAL MEMBER	6
	NAVAJO TRIBE, AZ NM AND UT	62
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	1
	PUEBLO OF ACOMA, NM	13
	SOUTHERN UTE TRIBE, CO	235
<b>FARMINGTON Total</b>		<b>389</b>
FRUITLAND	NAVAJO TRIBE, AZ NM AND UT	6
	SOUTHERN UTE TRIBE, CO	28
<b>FRUITLAND Total</b>		<b>34</b>
GALLUP	THREE AFFILIATED TRIBES, HIDATSA, ND	1
<b>GALLUP Total</b>		<b>1</b>
HESPERUS	NAVAJO TRIBE, AZ NM AND UT	17
	SOUTHERN UTE TRIBE, CO	66
	UTE MOUNTAIN TRB, CO NM AND UT	1
<b>HESPERUS Total</b>		<b>84</b>
IGNACIO	ABSENTEE-SHAWNEE TRIBE, OK	17
	ARAPAHO TRIBE, WIND RIVER RES, WY	3
	ASSINIBOINE/SIOUX TRBS, FT PECK, MT-SIOUX	2
	BLACKFEET TRIBE, MT	3
	CHEROKEE NATION, OK	15
	CHEYENNE RIVER SIOUX TRIBE, SD	19
	CHEYENNE-ARAPAHO TRIBES, OK	379
	CHOCTAW NATION, OK	157
	COMANCHE INDIAN TRIBE, OK	9
	CONFED SALISH/KOOTENAI TRBS FLATHEAD RES	63
	CONFED TRIBES AND BANDS, YAKAMA NATION, WA	33
	CONFEDERATED TRIBES, COLVILLE RES, WA	8
	CONFEDERATED TRIBES, WARM SPRINGS RES, OR	1
	DELAWARE TRIBE, WESTERN OK	7
	DUCKWATER SHOSHONE TRIBE, NV	1
	FORT BELKNAP INDIAN COMM - ASSINIBOINE, MT	6
	FORT MOJAVE INDIAN TRIBE, AZ	9
	FT. MCDOWELL MOHAVE-APACHE IND COMM, AZ	10
	GILA RIVER PIMA MARICOPA INDIAN COMM, AZ	8
	HANNAHVILLE IND COMM POTAWATOMIE IND, MI	224
	HOPI TRIBE, AZ	42
	HUALAPAI TRIBE, AZ	19
	INDIAN - NON-TRIBAL MEMBER	93
	JICARILLA APACHE TRIBE, NM	256
	KIOWA INDIAN TRIBE, OK	19
	KLAMATH INDIAN TRIBE, OR	172
	MANDAN, THREE AFFIL TRBS, FT BERTHOLD RS, ND	5
	MESCALERO APACHE TRIBE, NM	10
	NAVAJO TRIBE, AZ NM AND UT	1390
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	44
	NORTHERN CHEYENNE TRIBE, MT	14
	OGLALA SIOUX TRIBE, SD	3
	OMAHA TRIBE, NE	57
	ONEIDA TRIBE OF INDIANS, WI	9
	PAWNEE INDIAN TRIBE, OK	122
	PONCA TRIBE, OK	97
	PUEBLO OF ACOMA, NM	3
	PUEBLO OF COCHITI, NM	5
	PUEBLO OF ISLETA, NM	5
	PUEBLO OF JEMEZ, NM	25
	PUEBLO OF LAGUNA, NM	25
	PUEBLO OF PICURIS, NM	53
	PUEBLO OF SAN FELIPE, NM	38
	PUEBLO OF SAN JUAN, NM	3
	PUEBLO OF SANTA CLARA, NM	22
	PUEBLO OF SANTO DOMINGO, NM	5
	PUEBLO OF TAOS, NM	41
	PUEBLO OF ZIA, NM	15
	PYRAMID LAKE PAIUTE TRIBE, NV	13
	QUECHAN TRIBE, CA	22
	RED LAKE BAND OF CHIPPEWA, MN	37
	ROSEBUD SIOUX TRIBE, SD	8
	SAC AND FOX TRIBE, OK	27
	SAN CARLOS APACHE TRIBE, AZ	11
	SANTEE SIOUX NATION, NE	6

# SCUSU-Southern Ute

Community	Tribe	# of Patient Visits
	SHOSHONE-BANNOCK TRIBES FORT HALL RES, ID	14
	SISSETON WAHPETON OYATE, SD	2
	SOUTHERN UTE TRIBE, CO	14352
	STANDING ROCK SIOUX TRIBE, ND AND SD	25
	TOHONO O'ODHAM NATION,AZ (FORMERLY PAPAGO)	11
	UTE INDIAN TRIBE, UINTAH AND OURAY RES, UT	328
	UTE MOUNTAIN TRB, CO NM AND UT	1461
	WASHOE TRIBE OF NV, CA	20
	YANKTON SIOUX TRIBE, SD	1
	ZUNI TRIBE, NM	67
	All Other (tribes with <50 visits at any facility in 2004)	50
<b>IGNACIO Total</b>		<b>20021</b>
<b>ISLETA PUEBL</b>	PUEBLO OF ISLETA, NM	4
<b>ISLETA PUEBL Total</b>		<b>4</b>
<b>KIRTLAND</b>	NAVAJO TRIBE, AZ NM AND UT	8
	SOUTHERN UTE TRIBE, CO	12
<b>KIRTLAND Total</b>		<b>20</b>
<b>LA PLATA</b>	CHOCTAW NATION, OK	9
	JICARILLA APACHE TRIBE, NM	10
	NAVAJO TRIBE, AZ NM AND UT	40
	PRAIRIE BAND POTAWATOMI, KS	4
	PUEBLO OF LAGUNA, NM	1
	SOUTHERN UTE TRIBE, CO	29
	UTE INDIAN TRIBE, UINTAH AND OURAY RES, UT	4
<b>LA PLATA Total</b>		<b>97</b>
<b>LAS VEGAS</b>	SOUTHERN UTE TRIBE, CO	2
<b>LAS VEGAS Total</b>		<b>2</b>
<b>LOS ALAMOS O</b>	NAVAJO TRIBE, AZ NM AND UT	13
<b>LOS ALAMOS O Total</b>		<b>13</b>
<b>MANCOS</b>	FORT BELKNAP INDIAN COMM - ASSINIBOINE, MT	1
	NAVAJO TRIBE, AZ NM AND UT	2
	SOUTHERN UTE TRIBE, CO	6
<b>MANCOS Total</b>		<b>9</b>
<b>MESCALERO OS</b>	SOUTHERN UTE TRIBE, CO	5
<b>MESCALERO OS Total</b>		<b>5</b>
<b>MOHAVE VALLE</b>	FORT MOJAVE INDIAN TRIBE, AZ	90
	NAVAJO TRIBE, AZ NM AND UT	3
<b>MOHAVE VALLE Total</b>		<b>93</b>
<b>NEW MEXICO UNK</b>	PUEBLO OF NAMBE, NM	1
<b>NEW MEXICO UNK Total</b>		<b>1</b>
<b>PAGOSA SPRIN</b>	CHEROKEE NATION, OK	23
	CHOCTAW NATION, OK	29
	HOPI TRIBE, AZ	1
	NAVAJO TRIBE, AZ NM AND UT	19
	ROSEBUD SIOUX TRIBE, SD	1
	SOUTHERN UTE TRIBE, CO	80
	TOHONO O'ODHAM NATION,AZ (FORMERLY PAPAGO)	3
	UTE MOUNTAIN TRB, CO NM AND UT	35
	WASHOE TRIBE OF NV, CA	8
	YANKTON SIOUX TRIBE, SD	2
<b>PAGOSA SPRIN Total</b>		<b>201</b>
<b>RAMAH RESERV</b>	NAVAJO TRIBE, AZ NM AND UT	7
<b>RAMAH RESERV Total</b>		<b>7</b>
<b>RIO ARRIBA</b>	PUEBLO OF SAN JUAN, NM	3
<b>RIO ARRIBA Total</b>		<b>3</b>
<b>SAN JUAN</b>	PUEBLO OF SAN JUAN, NM	9
<b>SAN JUAN Total</b>		<b>9</b>
<b>SANDIA</b>	PUEBLO OF SANDIA, NM	3
<b>SANDIA Total</b>		<b>3</b>
<b>SANTA CLARA</b>	PUEBLO OF SANTA CLARA, NM	2
<b>SANTA CLARA Total</b>		<b>2</b>
<b>SANTA FE</b>	PUEBLO OF NAMBE, NM	4
	PUEBLO OF POJOAQUE, NM	1
	PUEBLO OF SAN ILDEFONSO, NM	2
	PUEBLO OF TESUQUE, NM	6
<b>SANTA FE Total</b>		<b>13</b>
<b>SHIPROCK</b>	NAVAJO TRIBE, AZ NM AND UT	6
<b>SHIPROCK Total</b>		<b>6</b>
<b>T. NOS POS-A</b>	NAVAJO TRIBE, AZ NM AND UT	1
<b>T. NOS POS-A Total</b>		<b>1</b>

### SCUSU-Southern Ute

Community	Tribe	# of Patient Visits
TAOS	PUEBLO OF TAOS, NM	8
<b>TAOS Total</b>		<b>8</b>
TAOS PUEBLO	PUEBLO OF SAN ILDEFONSO, NM	1
<b>TAOS PUEBLO Total</b>		<b>1</b>
TEXAS UNK	SOUTHERN UTE TRIBE, CO	2
<b>TEXAS UNK Total</b>		<b>2</b>
TOWAOC UTE	SOUTHERN UTE TRIBE, CO	9
	UTE INDIAN TRIBE, UINTAH AND OURAY RES, UT	21
	UTE MOUNTAIN TRB, CO NM AND UT	34
<b>TOWAOC UTE Total</b>		<b>64</b>
WINDOW ROCK	CROW CREEK SIOUX TRIBE, SD	1
<b>WINDOW ROCK Total</b>		<b>1</b>
ZUNI PUEBLO	ZUNI TRIBE, NM	1
<b>ZUNI PUEBLO Total</b>		<b>1</b>
<b>All Other (communities with &lt;50 visits at any facility in 2004)</b>		<b>203</b>
<b>Total</b>		<b>26316</b>

# SCUSU

## 2004 Patient Visits by Albuquerque Area Tribe

The following chart indicates the facilities where tribal members of this Service Unit have counted as Active Users in the past three years.

### FISCAL YEAR 2004

TRIBE	FACILITY NAME	Total
UTE INDIAN TRIBE, UINTAH AND OURAY	UTE MOUNTAIN UTE HEALTH CENTER	468
	SOUTHERN UTE HEALTH CENTER	385
	TAOS-PICURIS HEALTH CENTER	145
	ALBUQUERQUE HOSPITAL	64
	SANTA FE HOSPITAL	39
	ACL HOSPITAL	36
	MESCALERO HO	19
	ISLETA HEALTH CENTER	10
	SANDIA H.STA	9
	CANONCITO HS	3
	ALBUQUERQUE INDIAN DENTAL CLINIC	1
	JEMEZ HEALTH CENTER	1
UTE INDIAN TRIBE, UINTAH AND OURAY RES, UT Total		1,180
UTE MOUNTAIN TRB, CO NM AND UT	UTE MOUNTAIN UTE HEALTH CENTER	14,950
	SOUTHERN UTE HEALTH CENTER	1,755
	WHITE MESA HS	242
	ALBUQUERQUE HOSPITAL	86
	MESCALERO HO	70
	TAOS-PICURIS HEALTH CENTER	48
	ACL HOSPITAL	38
	SANTA FE HOSPITAL	27
	ISLETA HEALTH CENTER	25
	DULCE HEALTH CENTER	17
	SANTA CLARA HC	14
	ALBUQUERQUE INDIAN DENTAL CLINIC	13
	ZIA HLT.STA	4
	ZUNI HO	4
	SANTA FE IND. SCH.	1
UTE MOUNTAIN TRB, CO NM AND UT Total		17,294



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## Appendix N: Contract Health Services

### “Blanket” Expenditures for Contracted Services

*At time of printing, there was insufficient data or data was inaccessible  
to CL Associates for this Appendix.*



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## Appendix O: Top 10 CHS In-Patient Diagnoses FY 2000-2003

The following charts list the diagnoses, the number of cases, and the amounts billed / received for cases utilizing CHS funds within the Service Unit tribes.



## SCUSU

## FISCAL YEAR 2000

## SOUTHERN UTE

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
CONGESTIVE HEART FAILURE	\$ 380,440.89	\$ 256,283.39	\$ -	\$ 256,283.39	5
FRACTURE FOUR RIBS-CLOSE	187,926.91	87,274.25	-	87,274.25	1
ALCOHOL CIRRHOSIS LIVER	69,266.56	69,050.97	17,484.28	51,566.69	3
CHRONIC RENAL FAILURE	116,880.78	116,551.56	77,716.03	38,835.53	60
SPLEEN CAPSULAR TEAR	96,220.58	35,933.91	-	35,933.91	1
COMP D/T RENAL DIALY DEV	28,547.88	49,946.73	22,498.13	27,448.60	4
COLON INJURY NOS-OPEN	29,211.69	19,631.66	-	19,631.66	1
DM MANIF NEC TYP II UNCN	24,381.88	15,140.31	-	15,140.31	3
DUE TO PERITONEAL DIALYS	6,927.82	12,403.36	-	12,403.36	1
FX SHAFT FIB W TIB-CLOS	10,913.10	7,514.78	-	7,514.78	1
	<b>\$ 950,718.09</b>	<b>\$ 669,730.92</b>	<b>\$ 117,698.44</b>	<b>\$ 552,032.48</b>	<b>80</b>

## FISCAL YEAR 2001

## SOUTHERN UTE

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
CHRONIC RENAL FAILURE	\$ 98,723.93	\$ 98,723.93	\$ 56,636.90	\$ 42,087.03	43
REHABILITATION PROC NEC	37,687.75	37,687.75	-	37,687.75	1
COMP D/T RENAL DIALY DEV	45,638.86	66,910.01	49,182.03	17,727.98	8
HEART TRANSPLANT STATUS	18,674.47	14,085.50	-	14,085.50	21
DIAB RENAL MANIF TYPE I	27,964.88	11,803.69	-	11,803.69	2
COMPL HEART TRANSPLANT	13,083.74	9,128.26	-	9,128.26	3
MALIGN NEOPL THYROID	13,409.99	8,006.22	-	8,006.22	3
AC BRONCH DUE TO RSV	5,873.85	7,974.81	-	7,974.81	3
SHORTNESS OF BREATH	10,517.57	7,888.28	-	7,888.28	1
NONUNION OF FRACTURE	14,108.66	7,454.63	-	7,454.63	1
	<b>\$ 285,683.70</b>	<b>\$ 269,663.08</b>	<b>\$ 105,818.93</b>	<b>\$ 163,844.15</b>	<b>86</b>

## FISCAL YEAR 2002

## SOUTHERN UTE

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
CHRONIC RENAL FAILURE	\$ 200,507.91	\$ 183,383.71	\$ 137,504.50	\$ 45,879.21	109
POST TRAUM PULM INSUFFIC	12,257.48	18,889.26	-	18,889.26	1
PNEUMONIA, ORGANISM NOS	33,310.19	26,485.33	9,447.18	17,038.15	9
MAJR DEPRESS-SEV W PSYCH	16,682.10	16,682.10	-	16,682.10	2
COMP D/T RENAL DIALY DEV	77,581.00	82,673.08	66,062.12	16,610.96	6
REHABILITATION PROC NEC	79,831.73	79,831.73	63,644.35	16,187.38	1
NECROTIZING FASCIITIS	27,794.60	13,193.72	-	13,193.72	1
TOXIC EFF ETHYL ALCOHOL	11,528.38	12,152.89	-	12,152.89	1
INFER AMI NEC-INIT EPISD	22,901.00	10,841.15	-	10,841.15	1
CHEST PAIN NOS	18,218.98	12,343.38	2,822.29	9,521.09	6
	<b>\$ 500,613.37</b>	<b>\$ 456,476.35</b>	<b>\$ 279,480.44</b>	<b>\$ 176,995.91</b>	<b>137</b>

## FISCAL YEAR 2003

## SOUTHERN UTE

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
ASPERGILLOSIS	\$ 131,622.23	\$ 98,716.67	\$ -	\$ 98,716.67	1
CHRONIC RENAL FAILURE	179,048.79	137,769.48	100,425.38	37,344.10	97
NECROTIZING FASCIITIS	68,523.30	30,559.35	-	30,559.35	2
TRAU SUBDUR HEM-LOC NOS	34,315.96	22,265.74	-	22,265.74	1
OSTEOMYELITIS NOS-L/LEG	24,771.05	9,000.00	-	9,000.00	1
AC RENAL FAILURE NEC	8,015.63	8,417.54	-	8,417.54	2
JT DERANGMENT NEC-SHLDER	11,945.65	8,093.18	-	8,093.18	5
HIV DISEASE	23,550.94	8,049.91	-	8,049.91	1
DIAB CIRCULAT DIS TYP II	24,860.87	7,408.02	-	7,408.02	1
FX ANGLE OF JAW-OPEN	9,950.74	6,741.64	-	6,741.64	1
	<b>\$ 516,605.16</b>	<b>\$ 337,021.53</b>	<b>\$ 100,425.38</b>	<b>\$ 236,596.15</b>	<b>112</b>

## SCUSU

## FISCAL YEAR 2000

## UTE MOUNTAIN

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
CHRONIC RENAL FAILURE	\$ 42,150.96	\$ 42,150.96	\$ 8,869.04	\$ 33,281.92	9
CELLULITIS OF HAND	8,495.04	15,987.24	-	15,987.24	3
CHOLELITH W OTH CHOLECYS	19,581.50	12,355.75	-	12,355.75	3
CALCULUS OF KIDNEY	22,726.17	9,622.53	-	9,622.53	4
SPRAIN CRUCIATE LIG KNEE	17,042.05	8,944.61	-	8,944.61	2
ACUTE PANCREATITIS	8,237.50	8,819.15	-	8,819.15	3
INJURY RADIAL NERVE	9,034.00	7,420.00	-	7,420.00	1
PNEUMONIA, ORGANISM NOS	8,159.50	6,621.86	217.52	6,404.34	6
INCISIONAL HERNIA	11,587.67	8,749.21	3,041.59	5,707.62	2
BRAIN INJ NEC-BRIEF COMA	7,116.50	5,462.51	-	5,462.51	1
	<b>\$ 154,130.89</b>	<b>\$ 126,133.82</b>	<b>\$ 12,128.15</b>	<b>\$ 114,005.67</b>	<b>34</b>

## FISCAL YEAR 2001

## UTE MOUNTAIN

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
LIVER LACERAT'N NOS-OPEN	\$ 9,764.25	\$ 13,805.20	\$ -	\$ 13,805.20	1
AC APPEND W PERITONITIS	17,905.50	11,181.28	-	11,181.28	2
ABSCCESS OF APPENDIX	10,365.25	11,123.47	-	11,123.47	1
SUBARACHNOID HEM-NO COMA	19,642.52	10,795.42	-	10,795.42	1
CRUSHING INJURY LEG NOS	4,869.80	8,958.24	-	8,958.24	1
POSTOP WOUND DISRUPTION	12,143.57	7,810.33	-	7,810.33	1
FOOD/VOMIT PNEUMONITIS	21,663.22	7,553.31	-	7,553.31	1
CHRONIC RENAL FAILURE	11,260.25	7,254.87	284.73	6,970.14	5
PNEUMOCOCCAL SEPTICEMIA	3,155.25	6,734.45	-	6,734.45	1
MAJOR DEPRESS DIS-MOD	6,576.65	6,576.65	-	6,576.65	1
	<b>\$ 117,346.26</b>	<b>\$ 91,793.22</b>	<b>\$ 284.73</b>	<b>\$ 91,508.49</b>	<b>15</b>

## FISCAL YEAR 2002

## UTE MOUNTAIN

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
RESPIRATORY FAILURE	\$ 265,900.01	\$ 265,900.01	\$ -	\$ 265,900.01	1
CHRONIC RENAL FAILURE	129,496.51	123,461.10	80,532.34	42,928.76	66
SIGMOID COLON INJ-OPEN	39,137.79	30,759.63	-	30,759.63	1
COMP D/T RENAL DIALY DEV	65,779.66	41,882.46	13,266.70	28,615.76	3
ATTEN TO COLOSTOMY	12,510.17	20,565.37	-	20,565.37	1
RECURR MAJR DEPRESS-MOD	15,022.35	15,022.35	-	15,022.35	1
MALIG NEO CORPUS UTERI	21,883.50	11,076.98	-	11,076.98	2
MALF INT ORTHPED DEV/GRF	21,593.84	9,275.00	-	9,275.00	1
OPN WND ANTERIOR ABDOMEN	5,094.25	8,956.07	-	8,956.07	1
PNEUMONIA, ORGANISM NOS	6,746.68	8,843.18	-	8,843.18	3
	<b>\$ 583,164.76</b>	<b>\$ 535,742.15</b>	<b>\$ 93,799.04</b>	<b>\$ 441,943.11</b>	<b>80</b>

## FISCAL YEAR 2003

## UTE MOUNTAIN

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
CHRONIC RENAL FAILURE	\$ 227,492.67	\$ 154,075.22	\$ 87,491.16	\$ 66,584.06	52
FX SHAFT FIB W TIB-CLOS	75,593.87	63,398.62	-	63,398.62	1
ACUTE PANCREATITIS	28,360.78	17,391.59	-	17,391.59	2
LIVER LACERATION, MINOR	19,433.09	16,395.99	-	16,395.99	1
AC APPEND W PERITONITIS	22,377.02	17,407.40	5,144.77	12,262.63	2
PNEUMONIA, ORGANISM NOS	12,817.77	12,245.37	-	12,245.37	6
FX BIMALLEOLAR-CLOSED	12,131.70	12,131.70	-	12,131.70	2
MALIG NEO CORPUS UTERI	18,159.00	11,267.73	-	11,267.73	3
REHABILITATION PROC NEC	9,140.60	9,140.60	-	9,140.60	1
OP WND LOW LEG /S COMP	13,932.95	8,697.13	-	8,697.13	7
	<b>\$ 439,439.45</b>	<b>\$ 322,151.35</b>	<b>\$ 92,635.93</b>	<b>\$ 229,515.42</b>	<b>77</b>

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## **Appendix P: Essential Elements of RRM For SCUSU Clinics (Year 2015)**



**RRM FACILITY IDENTIFICATION INFORMATION**

(USER INPUT ARE IN YELLOW CELLS, BLUE CELLS WILL OVERRIDE FORMULAS)

1.	HSP Project Name:			
2.	Facility Name:		SOUTHERN UTE HC(2015MP)	
3.	Contact:			
	Telephone No:			
4.	Area - Name		ALBUQUERQU	
5.	Service Unit - Name		SCUSU	
	- Code			
6.	Facility - Code			
	Type of Facility		Health Center	◆
			<b>TOTAL RRM STAFFING:</b>	
			<b>80.00</b>	
FACILITY SPACE ESTIMATES			<b>Metric (m²):</b>	
	Calculated Space Estimate:		2,574	m²
7.	In-Patient Treatment Space:			m²
8.	Ambulatory Treatment Space:		3,430	m²
9.	Other:			m²
10.	Other:		-	m²
11.	HSP Build Area less Amb and Inp			m²
	<b>Space Total:</b>		3,430	m²
12.	Number of Quarters:			
13.	Quarters Space:		-	m²
	<b>TOTAL SQUARE METERS:</b>		<b>3,430</b>	<b>m²</b>
14.	Parking Spaces		-	spaces
GROUNDS ESTIMATES				
	Calculated Area:		2	ha
15.	Area of Grounds (Override):			ha
POPULATION				
16.	Inpatient			
17.	Ambulatory		2,968	
18.	Eye Care		2,968	
19.	Audiology		29,686	
20.	Dental		2,968	
21.	Social Services		2,968	
22.	Mental Health		2,968	
23.	Nutrition		2,968	
24.	Public Health Nursing	Census Here	2968	2,968
25.	Emergency Medical Service		2,968	
26.	Health Education		2,968	
OTHER FACTORS				
27.	EMS Program?		NO	◆
28.	% Total Runs Purchased			
29.	Sq. Kilometers Served			
30.	Driving time 100km or over 90 min to nearest ER?		Yes	◆
31.	Driving time 64km or over 60 min to nearest ER?		Yes	◆
32.	Patron Rations?		NO	◆
33.	24-Hour Security?		NO	◆
			<b>TOTAL RRM STAFFING:</b>	<b>80.00</b>

There are overrides in the EMS worksheet that can be used to override the calculated workloads. There is also some additional cost information available in the EMS worksheet.

RRM IN-PATIENT WORKLOAD

Last Update:

11/24/04

Today's Date:

10/17/05 2:09 PM

<b>Program:</b>		<b>SOUTHERN UTE HC(2015MP)</b>		
<b>SERVICE CATEGORIES</b>				
The workload data will be generated from the Health		On-Site Admissions	% Indian	
1. <b>ADMISSIONS - OVERRIDE CELL</b>			<b>STAFFING:</b>	
<b>ADMISSIONS - CALCULATED CELL</b>		0		<b>80.00</b>
<b>CASES</b>		On-Site Deliveries/Cases	% Indian	
2.	Projected # of Deliveries		100%	
3.	# Inpatient General Surgical Cases		100%	
4.	# Inpatient Gynecological Surgical Cases		100%	
5.	<b>Total Number of Beds.</b>			
6.	<b>Total Number of ICU/CCU Beds</b>			
7.	<b>Staffed Observation Beds (Sub-Actue)</b>			
<b>DAYS/NURSING STATIONS</b>		On-Site Days	Nurse Stations	
8.	General Medicine			
9.	Obstetrics/Gynecology			
10.	Surgery			
11.	Pediatrics			
12.	Newborn			
13.	ICU/CCU			
14.	Step-Down Unit			
15.	Operating Room			
16.	Psychiatric			
17.	Ambulatory Care			
18.	Birth Units		0	
19.	Sub Acute		0	
20.	Other :	0	0	<b>RRM Staffing:</b>
SUBTOTAL:		0	0	<b>80.00</b>
21.	Nursery: Bassinets:			
22.	Remote Location (Inpatient Special Justification)	NO		
23.	Does Inpatient Nursing Provide Respiratory Services?	NO		
24.	Does Inpatient Nursing Provide EKG Services?	NO		
25.	Yearly Patient Escort Hours (Inter-facility):			

# RRM AMBULATORY & COMMUNITY HEALTH WORKLOAD

Last Update:

11/24/04

Today's Date:

10/17/05 2:09 PM

		RRM STAFFING: 80.00	
		SOUTHERN UTE HC(2015MP)	
PRIMARY CARE PROVIDER VISITS		On-Site	
		PCPVs	% Indian
1.	Primary Care Provider Visit (PCPVs)	10,090	100%
1a.	Physical Therapy Visits:	1,247	
1b.	Total Specialty Visits (TSVs) for Specialty Care:	487	
1c.	CHP Ambulatory Encounters		
		Override OPV	RRM CALC
2.	Outpatient Visits (OPVs)		20,150
OUTPATIENT SURGERY		Cases	% Indian
3.	Outpatient Surgery		100%
EMERGENCY			
4.	ER PCPVs:	1,266	
NURSING			
5.	Emergency Room:	NO	
6.	# Patient Escort Hours, if provided:		
7.	# of Observation Beds, if provided by the clinic:		
PUBLIC HEALTH NURSING			
8.	Part Time PHN School Services?	<input type="radio"/> Yes	
9.	Full Time PHN School Service?	<input type="radio"/> Yes	
10.	No PHN School Service:	<input checked="" type="radio"/> None	
11.	Discharge Planning by PHN?	<input type="checkbox"/> Check if Provided	
12.	# of Weekly One Hour PHN Managed Clinics:		
13.	# of CHR's Supervised		
14.	Are Interpreter Services Required?	NO	
15.	% of Population Requiring Interpreter Services:		
DENTAL			
16.	Target Minutes Per Dental User:		95
CONTRACT HEALTH SERVICES			
17.	# of CHS PURCHASE ORDERS		2,000
OEHE STAFF			
18.	Number of OEHE Staff		1
		RRM STAFFING:	80.00



# RRM EMS WORKLOAD

Last Update:

11/24/04

Today's Date:

10/17/05 2:09 PM

**RRM STAFFING: 80.00**

		SOUTHERN UTE HC(2015MP)		
	<b>EMS Cales:</b>	On-Site		
		PCPVs		
1.	<b>Population:</b>	<b>0</b>		
2.	<b>% TOTAL RUNS PURCHASED</b>	<b>0%</b>		
3.	<b>I/T Multiplier</b>	<b>0</b>		
4.	<b>SQ Kilometers Served</b>	<b>0</b>		
5.	<b>Annual I/T Runs</b>	<b>0</b>		<b>Override I/T Runs</b>
	<b>Raw FTE Projections</b>	<b>FTE</b>		
6.	<b>EMT (Pop.)</b>	<b>0.0</b>		
7.	<b>EMT (SqK)</b>	<b>0.0</b>		
8.	<b>EMT (Runs)</b>	<b>0.0</b>		
9.	<b>SUB_TOTAL</b>	<b>0.0</b>		
10.	<b>MINIMUM</b>	<b>0.0</b>		
11.	<b>Staff By Category (Rounded)</b>			
12.	<b>EMT-B</b>	<b>0.0</b>		
13.	<b>EMT-I/P</b>	<b>0.0</b>		
14.	<b>Clerks</b>	<b>0.0</b>		
15.	<b>Supervisors</b>	<b>0.0</b>		
16.	<b>Total FTE</b>	<b>0</b>		

	A	B	C	D	E	F	G	H	I
1				<b>RRM STAFFING NEEDS SUMMARY</b>					
2				Last Update:		11/24/04			
3			<b>Program:</b>	<b>SOUTHERN UTE HC(2015MP)</b>					
4				Today's Date:		10/17/05 2:09 PM			
5									
6				<b>RRM Category</b>	<b>Staffing Category</b>	<b>FTEs</b>		Staff Rounded by Disci	
7									
8				<b>INPATIENT CARE</b>				Discipline	Department
9			11.00	<b>Acute Care Nursing</b>					
10				<b>INPATIENT PHYSICIANS</b>					
11				Chief of Service		0.00			
12				GM Physician		0.00			
13				Peds. Physician		0.00			
14				OB/GYN Physician		0.00			
15				Clerical Support		0.00			
16				<b>SURGEONS</b>		<b>0.00</b>		<b>0</b>	
17				General Surgeon		0.00			
18				OB/GYN Surgeon		0.00			
19				Nurse/Midwife		0.00			
20				Anesthesiologist		0.00			
21				<b>NURSING</b>		<b>0.00</b>		<b>0.0</b>	
22				Nursing Administration		0.00			
23				Admin. Clerical Support		0.00			
24				GM/SURG-Registered Nurse		0.00			
25				GM/SURG-LPN/Technician		0.00			
26				GM/SURG-Clerical Support		0.00			
27				PED-Registered Nurse		0.00			
28				PED-LPN/Technician		0.00			
29				PED-Clerical Support		0.00			
30				OB/L&D-Registered Nurse		0.00			
31				OB/L&D, LPN/Technician		0.00			
32				OB/L&D- Clerical Support		0.00			
33				Newborn-LPN/Technician		0.00			
34				Newborn-Clerical Support		0.00			
35				Nursery, RN, Fixed		0.00			
36				Nursery LPN/Technician		0.00			
37				Nursery, Clerical Support		0.00			
38				ICU, RN		0.00			
39				ICU, Clerical Support		0.00			
40				Step-Down Unit, RN,		0.00			
41				Step-Down Unit, LPN		0.00			
42				Step-Down Unit, Clerical Support		0.00			
43				OR RN		0.00			
44				OR, LPN/Technician		0.00			
45				Post Anesthesia Recovery, RN		0.00			
46				Ambulatory Surgery, RN		0.00			
47				Psych-RN, Fixed		0.00			
48				Psych, LPN Technican		0.00			
49				Psych, Clerical Support		0.00			
50				Quality Improvement Nurse		0.00			
51				Discharge Planning Nurse		0.00			
52				Observ. Bed-Registered Nurse		0.00			
53				Patient Escort, RN		0.00			
54				Nurse Educator		0.00			
55				SUBTOTAL:		<b>0.00</b>		<b>0.0</b>	

	A	B	C	D	E	F	G	H	I
1			<b>RRM STAFFING NEEDS SUMMARY</b>						
2				Last Update:		11/24/04			
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4				Today's Date:		10/17/05 2:09 PM			
5									
6			<b>RRM Category</b>	<b>Staffing Category</b>		<b>FTEs</b>		Staff Rounded by Disci	
7									
56			<b>INPATIENT DEVIATION(S)</b>						
57			INP_DEV1			0.00			
58			INP_DEV2			0.00			
59			INP_DEV3			0.00			
60			INP_DEV4			0.00			
61			INP_DEV5			0.00			
62			INP_DEV6			0.00			
63			INP_DEV7			0.00			
64			INP_DEV8			0.00			
65			INP_DEV9			0.00			
66				SUBTOTAL:		<b>0.00</b>		<b>0.0</b>	
67			<b>Subtotal Inpatient Services</b>			<b>0.00</b>		<b>0.0</b>	
68			<b>AMBULATORY CARE</b>						
69			<b>EMERGENCY</b>						
70			ER/After Hours Staff			1.09			
71			ER RN Supervisor			0.00			
72			ER Medical Clerks			0.00			
73			RNs, ER			0.00			
74				SUBTOTAL:		<b>1.09</b>		<b>1.0</b>	
75			<b>AMBULATORY PHYSICIAN</b>						
76			Primary Care Provider			2.53			
77			Specialty Care Provider			0.11			
78			Primary Care Provider (CHA/P)			0.00			
79			EMS Medical Director			0.00			
80			Clerical Support			0.60			
81				SUBTOTAL:		<b>3.24</b>		<b>3.0</b>	
82			<b>AMBULATORY SURGERY</b>						
83			General Surgeon			0.00			
84				SUBTOTAL:		<b>0.00</b>		<b>0.0</b>	
85			<b>NURSING AMBULATORY</b>						
86			Nurse Supervisor. (in Hosp. OPD)			0.00			
87			Medical Clerk, Exec. Support, Hosp O			0.00			
88			Nurse Manager			0.00			
89			Registered Nurse, Core Activities			3.21			
90			LPN			0.97			
91			Clerical Support			0.92			
92			RNs, Patient Escort			0.00			
93			RNs, Ambulatory Clinic Observation I			0.00			
94				SUBTOTAL:		<b>5.10</b>		<b>5.0</b>	
95			<b>EYE CARE</b>						
96			Optometrist			0.00			
97			Optometric Assistant			0.00			
98			Optometric Technician			0.00			
99			Ophthalmologist			0.00			
100			Ophthalmologist Assistant			0.00			
101				SUBTOTAL:		<b>0.00</b>		<b>0.0</b>	

	A	B	C	D	E	F	G	H	I
1				<b>RRM STAFFING NEEDS SUMMARY</b>					
2				Last Update:		11/24/04			
3			<b>Program:</b>	<b>SOUTHERN UTE HC(2015MP)</b>					
4				Today's Date:		10/17/05 2:09 PM			
5									
6			<b>RRM Category</b>	<b>Staffing Category</b>		<b>FTEs</b>		Staff Rounded by Disci	
7									
102			<b>AUDIOLOGY</b>						
103				Audiologist		2.68			
104				Audiometric Technician		1.68			
105				SUBTOTAL:		4.37		4.0	
106			<b>PHYSICAL THERAPY</b>						
107				Physical Therapist		0.56			
108				SUBTOTAL:		0.56		1.0	
109			<b>CLERICAL POOL</b>						
110				PT, Audiology & Eye Care		0.30		0.0	
111			<b>DENTAL</b>						
112				Dentist		3.60			
113				Dental Assistant		7.21			
114				Dental Hygienist		0.90			
115				Clerical Support		1.08			
116				SUBTOTAL:		12.79		13.0	
117			<b>AMBULATORY DEVIATIONS</b>						
118				Ambulatory Deviation 1		0.00			
119				Ambulatory Deviation 2		0.00			
120				Ambulatory Deviation 3		0.00			
121				Ambulatory Deviation 4		0.00			
122				Ambulatory Deviation 5		0.00			
123				Ambulatory Deviation 6		0.00			
124				SUBTOTAL:		0.00		0.0	
125			<b>Subtotal Ambulatory Clinics</b>			27.44		27.0	
126			<b>CLINICAL SUPPORT (ANCILLARY SERVICES)</b>						
127			<b>LABORATORY</b>						
128				Medical Technologist		1.00			
129				Medical Technician (CHA/P)		0.00			
130				Medical Technician		0.64			
131				SUBTOTAL:		1.64		2.0	
132			<b>PHARMACY</b>						
133				Pharmacist		2.14			
134				Pharmacist (CHA/P)		0.00			
135				Pharmacy Technician		0.51			
136				SUBTOTAL:		2.65		3.0	
137			<b>DIAGNOSTIC IMAGING</b>						
138				Imaging Technologist		0.71			
139				Imaging Technologist (CHA/P)		0.00			
140				SUBTOTAL:		0.71		1.0	

	A	B	C	D	E	F	G	H	I
1			<b>RRM STAFFING NEEDS SUMMARY</b>						
2				Last Update:		11/24/04			
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4				Today's Date:		10/17/05 2:09 PM			
5									
6		<b>RRM Category</b>	<b>Staffing Category</b>			<b>FTEs</b>		Staff Rounded by Disci	
7									
141			<b>MEDICAL RECORDS</b>						
142			Medical Records Administrator			1.00			
143			Medical Records Technician			2.22			
144			Medical Records Technician (CHA/P)			0.00			
145			PCC Supervisor			0.40			
146			PCC Data Entry Personnel			1.62			
147			PCC Data Entry Personnel (CHA/P)			0.00			
148			Coder			2.01			
149			Medical Runner			0.18			
150			SUBTOTAL:			7.42		7.0	
151			<b>RESPIRATORY THERAPY</b>						
152			Respiratory Staff			0.00			
153			SUBTOTAL:			0.00		0.0	
154			<b>CLERICAL POOL</b>						
155			Lab, Pharm, & Imaging			0.30		0.0	
156			<b>RRM DEVIATIONS - ANCILLARY</b>						
157			ANCIL_DEV1			0.00			
158			ANCIL_DEV2			0.00			
159			ANCIL_DEV3			0.00			
160			ANCIL_DEV4			0.00			
161			SUBTOTAL:			0.00		0.0	
162			<b>Subtotal Ancillary Services</b>			12.72		13.0	
163			<b>COMMUNITY HEALTH</b>						
164			<b>PUBLIC HEALTH NUTRITION</b>						
165			Nutritionist			1.19		1.0	
166			<b>PUBLIC HEALTH NURSING</b>						
167			Public Health Nurse Manager			1.00			
168			Public Health Nurse			3.75			
169			Public Health Nurse - School			0.00			
170			Clerical Support			0.47			
171						5.23		5.0	
172			<b>HEALTH EDUCATION</b>						
173			Public Health Educator			1.00		1.0	
174			<b>OFFICE OF ENVIRONMENTAL HEALTH &amp; ENGINEERING</b>						
175			OEHE RRM			1.00		1.0	
176			<b>BEHAVIORAL HEALTH SERVICES</b>						
177			<b>MENTAL HEALTH</b>						
178			Mental Health Staff			1.88		2.0	
179			<b>SOCIAL SERVICES</b>						
180			MSW Counselor Inpatient Only			0.00			
181			Social Service Staff			1.06			
182			SUBTOTAL:			1.06		1.0	
183			<b>CLERICAL POOL</b>						
184			Behavioral Health			0.30		0.0	

	A	B	C	D	E	F	G	H	I
1			<b>RRM STAFFING NEEDS SUMMARY</b>						
2				Last Update:		11/24/04			
3		<b>Program:</b>	<b>SOUTHERN UTE HC(2015MP)</b>						
4				Today's Date:		10/17/05 2:09 PM			
5									
6			<b>RRM Category</b>	<b>Staffing Category</b>		<b>FTEs</b>		Staff Rounded by Disci	
7									
185			<b>RRM DEVIATIONS - COMMUNITY HEALTH</b>						
186			CM_DEV1			0.00			
187			CM_DEV2			0.00			
188			CM_DEV3			0.00			
189			CM_DEV4			0.00			
190			CM_DEV5			0.00			
191			CM_DEV6			0.00			
192			CM_DEV7			0.00			
193			CM_DEV8			0.00			
194			CM_DEV9			0.00			
195			CM_DEV10			0.00			
196			CM_DEV11			0.00			
197			CM_DEV12			0.00			
198				SUBTOTAL:		<b>0.00</b>		0.0	
199			<b>Subtotal Community Health Services</b>			<b>11.67</b>			<b>11.0</b>
200			<b>ADMINISTRATIVE SUPPORT</b>						
201			<b>ADMINISTRATION</b>						
202			Executive Staff			2.00			
203			Admin. Support Staff			1.00			
204			Clinical Director			0.50			
205				SUBTOTAL:		<b>3.50</b>		4.0	
206			<b>FINANCIAL MANAGEMENT</b>						
207			Finance Staff			0.00		0.0	
208			<b>OFFICE SERVICES</b>						
209			Office Staff			2.50		3.0	
210			<b>CONTRACT HEALTH SERVICES</b>						
211			CHS Staff			1.00			
212			CHS Manager			1.00			
213			Utilization Review			0.20			
214				SUBTOTAL:		<b>2.20</b>		2.0	
215			<b>BUSINESS OFFICE</b>						
216			Business Manager			1.00			
217			Patient Registration Tech.			1.01			
218			Benefit Coordinator			1.34			
219			Billing Clerk			1.01			
220				SUBTOTAL:		<b>4.35</b>		4.0	
221			<b>SITE MANAGEMENT/RPMS/MIS</b>						
222			Computer Programmer/Analyst			1.61			
223									
224				SUBTOTAL:		<b>1.61</b>		2.0	
225			<b>QUALITY MANAGEMENT</b>						
226			Performance Improvement Staff			0.90			
227			Clerical Support			0.13			
228				SUBTOTAL:		<b>1.04</b>		1.0	

	A	B	C	D	E	F	G	H	I
1			<b>RRM STAFFING NEEDS SUMMARY</b>						
2				Last Update:		11/24/04			
3		<b>Program:</b>	<b>SOUTHERN UTE HC(2015MP)</b>						
4				Today's Date:		10/17/05 2:09 PM			
5									
6		<b>RRM Category Staffing Category</b>				<b>FTEs</b>		Staff Rounded by Disci	
7									
229			<b>CENTRAL SUPPLY</b>						
230			Central Supply Staff			0.67			
231			Medical Technician			0.00			
232			SUBTOTAL:			0.67		1.0	
233			<b>INTERPRETERS</b>						
234			Interpreter			0.00		0.0	
235			<b>DRIVERS</b>						
236			Driver			0.66		1.0	
237			<b>RRM DEVIATIONS - ADMINISTRATION</b>						
238			ADM_DEV1			0.00			
239			ADM_DEV2			0.00			
240			ADM_DEV3			0.00			
241			ADM_DEV4			0.00			
242			SUBTOTAL:			0.00		0.0	
243			<b>Subtotal Administration</b>			<b>16.53</b>		<b>18.0</b>	
244			<b>FACILITY SUPPORT</b>						
245			<b>HOUSEKEEPING</b>						
246			Janitor/Housekeeper			4.43		4.0	
247			<b>FACILITY MAINTENANCE</b>						
248			Maintenance Staff			4.00		4.0	
249			<b>CLINICAL ENGINEERING</b>						
250			Clinical Engineering Staff			0.77		1.0	
251			<b>LAUNDRY</b>						
252			Laundry staff			0.00		0.0	
253			<b>FOOD SERVICES</b>						
254			Food Services Staff			0.00		0.0	
255			<b>MATERIALS MANAGEMENT</b>						
256			Warehouseman			0.97		1.0	
257			<b>STAFF HEALTH</b>						
258			Registered Nurse			0.24			
259			Clerical Support			0.18			
260			SUBTOTAL:			0.42		0.0	
261			<b>CLERICAL POOL</b>						
262			Facility Support			0.30		0.0	
263			<b>SECURITY</b>						
264						0.74		1.0	
265			<b>Subtotal Facility Support</b>			<b>11.63</b>		<b>11.0</b>	
266			<b>Emergency Medical Services</b>						
267			<b>EMS</b>						
268			EMT-B			0.00			
269			EMT-I/P			0.00			
270			Clerks			0.00			
271			Supervisor			0.00			
272						0.00		0.0	
273			<b>Subtotal Emergency Medical Services</b>			<b>0.00</b>		<b>0.0</b>	
274			<b>GRAND TOTAL</b>			<b>79.99</b>		<b>80.0</b>	

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## **Appendix Q: Program Justification Documents (PJD) for SCUSU Clinics**





**Current / Projected User Population... outpatient clinic - (PC)**

(Acute Care, Audiology, Dental Care, Diagnostic Imaging, Emergency, Eye Care, Intensive Care, Labor & Delivery/Nursery, Mental Health, Physical Therapy, Primary Care, Psychiatric Nursing, Public Health Nursing, Specialty Care, Sub-Acute, Surgery)

**SOUTHERN COLORADO - ALLISON (LA PLATA)** M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001		2	1	1	3		1	3			1	12
prj) 2015		2	1	1	4		1	4			1	14
Female												
cur) 2001			2	2	2	1			1	2		10
prj) 2015			2	2	2	1			1	2		10

**SOUTHERN COLORADO - BAYFIELD (LA PLATA)** M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001		3	3	5	5	2	7	9	4	3	1	42
prj) 2015		4	4	6	6	2	8	11	5	4	1	51
Female												
cur) 2001		2	4	5	10	5	5	8	5	4	3	51
prj) 2015		2	5	6	12	6	6	9	6	5	4	61

**SOUTHERN COLORADO - CORTEZ (MONTEZUMA)** M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	2	21	41	62	43	41	62	59	40	20	7	398
prj) 2015	2	23	46	69	48	46	69	66	45	22	8	444
Female												
cur) 2001	4	33	55	33	62	42	97	89	66	28	11	520
prj) 2015	4	37	61	37	69	47	108	99	74	31	12	579

**SOUTHERN COLORADO - DURANGO (LA PLATA)** M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	2	26	38	45	42	38	77	47	18	5	2	340
prj) 2015	2	31	45	53	50	45	91	56	21	6	2	402
Female												
cur) 2001	2	16	37	33	43	64	94	46	37	9	9	390
prj) 2015	2	19	44	39	51	76	111	54	44	11	11	462

**SOUTHERN COLORADO - HESPERUS (LA PLATA)** M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	1	1	2	2			1	3		1	1	12
prj) 2015	1	1	2	2			1	4		1	1	13
Female												
cur) 2001		1	1	2	1		3	2			1	11
prj) 2015		1	1	2	1		4	2			1	12



**Current / Projected User Population... outpatient clinic - (PC)**

(Acute Care, Audiology, Dental Care, Diagnostic Imaging, Emergency, Eye Care, Intensive Care, Labor & Delivery/Nursery, Mental Health, Physical Therapy, Primary Care, Psychiatric Nursing, Public Health Nursing, Specialty Care, Sub-Acute, Surgery)

SOUTHERN COLORADO - IGNACIO (LA PLATA)												M/S: cur) 100.0% prj) 100.0%
Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	12	62	83	82	73	55	101	112	84	31	43	738
prj) 2015	14	73	98	97	86	65	120	133	99	37	51	873
Female												
cur) 2001	10	51	88	83	92	62	139	110	89	48	46	818
prj) 2015	12	60	104	98	109	73	165	130	105	57	54	967

SOUTHERN COLORADO - MANCOS (MONTEZUMA)												M/S: cur) 100.0% prj) 100.0%
Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001		2	1	4	2	3	4	1	4	1		22
prj) 2015		2	1	4	2	3	4	1	4	1		22
Female												
cur) 2001		3	5	2	2	2	5	3	3	1		26
prj) 2015		3	6	2	2	2	6	3	3	1		28

SOUTHERN COLORADO - MOUNTAIN UTE (MONTEZUMA)												M/S: cur) 100.0% prj) 100.0%
Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001												
prj) 2015												
Female												
cur) 2001					1							1
prj) 2015					1							1

SOUTHERN COLORADO - PAGOSA SPRING (ARCHULETA)												M/S: cur) 100.0% prj) 100.0%
Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001		2	2	2	2	6	5	1	1	4	3	28
prj) 2015		3	3	3	3	9	8	2	2	6	5	44
Female												
cur) 2001	1	2		2	4	7	6	4	9	1	2	38
prj) 2015	2	3		3	6	11	9	6	14	2	3	59

SOUTHERN COLORADO - TOWAOC UTE (MONTEZUMA)												M/S: cur) 100.0% prj) 100.0%
Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	12	75	117	123	93	46	135	149	68	38	24	880
prj) 2015	13	84	131	137	104	51	151	166	76	42	27	982
Female												
cur) 2001	3	66	96	101	87	69	136	149	78	38	38	861
prj) 2015	3	74	107	113	97	77	152	166	87	42	42	960

Program Justification Document

Project Name: Southern Colorado Ute SU(2015) - Community: Ignacio , State: Colorado

Project Number: AL03SO006C7

**Current / Projected User Population...** *outpatient clinic - (PC)*

(Acute Care, Audiology, Dental Care, Diagnostic Imaging, Emergency, Eye Care, Intensive Care, Labor & Delivery/Nursery, Mental Health, Physical Therapy, Primary Care, Psychiatric Nursing, Public Health Nursing, Specialty Care, Sub-Acute, Surgery)

**SOUTHERN COLORADO - WHITE MESA (SAN JUAN)**

*M/S: cur) 100.0% prj) 100.0%*

<b>Male</b>	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	<b>Total</b>
<i>cur) 2001</i>	2	13	17	5	15	7	24	25	10	4	8	<b>130</b>
<i>prj) 2015</i>	2	14	18	5	16	7	26	27	11	4	9	<b>139</b>
<b>Female</b>												
<i>cur) 2001</i>	2	11	13	16	14	9	24	17	13	8	11	<b>138</b>
<i>prj) 2015</i>	2	12	14	17	15	10	26	18	14	9	12	<b>149</b>

**Totals...**

<b>Male</b>	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	<b>Total</b>
<i>cur) 2001</i>	31	207	305	331	278	198	417	409	229	107	90	<b>2602</b>
<i>prj) 2015</i>	34	237	349	377	319	228	479	470	263	123	105	<b>2984</b>
<b>Female</b>												
<i>cur) 2001</i>	22	185	301	279	318	261	509	428	301	139	121	<b>2864</b>
<i>prj) 2015</i>	25	211	344	319	365	303	587	487	348	160	139	<b>3288</b>
<b>Combined</b>												
<i>cur) 2001</i>	<b>53</b>	<b>392</b>	<b>606</b>	<b>610</b>	<b>596</b>	<b>459</b>	<b>926</b>	<b>837</b>	<b>530</b>	<b>246</b>	<b>211</b>	<b>5466</b>
<i>prj) 2015</i>	<b>59</b>	<b>448</b>	<b>693</b>	<b>696</b>	<b>684</b>	<b>531</b>	<b>1066</b>	<b>957</b>	<b>611</b>	<b>283</b>	<b>244</b>	<b>6272</b>

**Average Age for the Service Unit: 27.5**



## Workload Summary...

	Year	Total Workload	Contracted Acuity	Due To Threshold	Unmet Need	Cross over	Facility Workload	<u>HSP</u> <u>Estimated</u> <u>Facility</u> <u>Workload</u>
<b><u>Acute Care</u></b>								
Medical Bed days	2001	442	133	309				
	2015	515	155	361	-1		-1	
Pediatric Bed days	2001	235	33	202				
	2015	264	37	227				
Surgical Bed days	2001	312	112	200				
	2015	362	130	232				
<b><u>Audiology</u></b>								
Audiology Visits	2001	535			535		535	
	2015	618			618		618	
<b><u>Clinical Engineering</u></b>								
Clinical	2001	577			577		577	
	2015	663			663		663	
<b><u>Dental Care</u></b>								
Dental Service	2001	519270			519270		519270	
	2015	595840			595840		595840	
<b><u>Diagnostic Imaging</u></b>								
CT/MRI Exams	2001	46	46					
	2015	53	53					
Fluoroscopy Exams	2001	134		134				
	2015	153		153				
General Radiography	2001	1937			1937		1937	
	2015	2224			2224		2224	
MAMMOGRAPHY EXAMS	2001	596		596				
	2015	687		687				
Ultrasound Exams	2001	267		267				
	2015	307		307				
<b><u>Education &amp; Group</u></b>								
# of staff	2015	73			73		73	
<b><u>Emergency</u></b>								
Emergency Room	2001	2313			2313		2313	
	2015	2657			2657		2657	
<b><u>Eye Care</u></b>								
Optometrist Visits	2001	1718			1718		1718	
	2015	1969			1969		1969	
<b><u>Facility Management</u></b>								
Service index	2001	15			15		15	
	2015	17			17		17	
<b><u>Housekeeping &amp; Linen</u></b>								

Program Justification Document

Project Name: Southern Colorado Ute SU(2015) - Community: Ignacio , State: Colorado

Project Number: AL03SO006C7

**Workload Summary...**

		<u>Total</u>	<u>Contracted Due To</u>	<u>Unmet</u>	<u>Cross</u>	<u>HSP Facility</u>	<u>Projected</u>
	<u>Year</u>	<u>Workload</u>	<u>Acuity</u> <u>Threshold</u>	<u>Need</u>	<u>over</u>	<u>Workload</u>	<u>Estimated</u>
Lbs of Linen	2001	9662		9662		9662	<u>Facility</u>
	2015	11083		11083		11083	<u>Workload</u>
<b><u>Intensive Care</u></b>							
Intensive Care bed	2001	78	36	42			
	2015	90	41	49			
<b><u>Laboratory</u></b>							
Chem/Hema/Immun/Uri	2001	16625	998	15627		15627	
	2015	19085	1145	17940		17940	
Histo/Cytology	2001	106	106				
	2015	122	122				
Microbiology	2001	3947	1579	2368		2368	
	2015	4532	1813	2719		2719	
Transfusion/BB	2001	320	6	314		314	
	2015	368	7	361		361	
<b><u>Mental Health</u></b>							
Mental Health	2001	994		994		994	
	2015	1148		1148		1148	
<b><u>Pharmacy</u></b>							
Inpatient Pharmacy	2001						
	2015	-5		-5		-5	
Outpatient Pharmacy	2001	256567		256567		256567	
	2015	294622		294622		294622	
<b><u>Physical Therapy</u></b>							
Inpatient Physical	2001						
	2015						
OUTPATIENT PHYSICAL	2001	2227		2227		2227	
	2015	2562		2562		2562	
<b><u>Primary Care</u></b>							
Primary Care	2001	18430		18430		18430	
	2015	21159		21159		21159	
<b><u>Property &amp; Supply</u></b>							
Storage Index	2001	4700		4700		4700	
	2015	5395		5395		5395	
<b><u>Psychiatric Nursing</u></b>							
Psych Bed days	2001	83	18	65			
	2015	96	21	75			
<b><u>Public Health Nursing</u></b>							
Public Health	2001	1466		1466		1466	
	2015	1688		1688		1688	

Program Justification Document

Project Name: Southern Colorado Ute SU(2015) - Community: Ignacio , State: Colorado

Project Number: AL03SO006C7

**Workload Summary...**

		<u>Total</u>	<u>Contracted Due To</u>	<u>Unmet</u>	<u>Cross</u>	<u>HSP Facility</u>	<u>Projected</u>
	<u>Year</u>	<u>Workload</u>	<u>Acuity Threshold</u>	<u>Need</u>	<u>over</u>	<u>Workload</u>	<u>Estimated</u>
							<u>Facility</u>
							<u>Workload</u>
<b><u>Respiratory Therapy</u></b>							
Respiratory Therapy	2001	21957		21957			
	2015	25181		25181			
<b><u>Specialty Care</u></b>							
Specialist Visits	2001	887		887			
	2015	1020		1020			
<b><u>Sub-Acute</u></b>							
SubAcute Bed days	2001	427		427			
	2015	496		496			
<b><u>Surgery</u></b>							
Inpatient Episodes	2001	132	37	95			
	2015	155	43	112			
Outpatient Episodes	2001	155	43	112			
	2015	188	53	135			

## Appendix R: Facility Space Utilization Comparisons: 2005 to Projected Need 2015

### Space Summary (Southern Ute HC 2015)

The net and gross areas for the proposed facility are summarized below.

SOUTHERN UTE HC	Template or Discipline	Net Square Meters	Conversion Factor	Gross Sq Meters
<b>ADDITIONAL SERVICES</b>				
	X01	6	1.35	8.1
	X02	20	1.35	27
<b>ADMINISTRATION</b>				
Administration	AD	140	1.4	196
Business Office	BO	75	1.4	105
Health Information Management	HIM	106	1.25	132.5
Information Management	IM	57	1.2	68.4
<b>AMBULATORY</b>				
Dental Care	dc1	330.8	N/A	481
Emergency	er1	47.4	N/A	82
Primary Care	pc1	291.6	N/A	451
<b>ANCILLARY</b>				
Pharmacy	ph1	138	N/A	168
Physical Therapy	pt1	116.2	N/A	149
<b>BEHAVIORAL</b>				
Mental Health	MH	66	1.4	92.4
Social Work	SW	14	1.4	19.6
<b>PREVENTIVE</b>				
Environmental Health	EH	26	1.4	36.4
Health Education	HE	16	1.4	22.4
Public Health Nursing	PHN	69	1.4	96.6
Public Health Nutrition	PNT	9	1.4	12.6
<b>SUPPORT SERVICES</b>				
Education & Group Consultatio	EGC	14	1.1	15.4
Employee Facilities	EF	105.4	1.2	126.48
Housekeeping & Linen	hl1	25.5	1.1	28
Housekeeping & Linen	HL	16	1.1	17.6
Property & Supply	ps1	149.7	N/A	160
Public Facilities	PF	47	1.2	56.4
<b>TOTALS</b>	<b>Department Gross Square Meters</b>			<b>2551.88</b>
	<b>Building Circulation &amp; Envelope (.20)</b>			<b>510.38</b>
	<b>Floor Gross Square Meters</b>			<b>3062.26</b>
	<b>Major Mechanical SPACE (.12)</b>			<b>367.47</b>
	<b>Building Gross Square Meters</b>			<b>3429.73</b>





**Space Summary (Ute Mountain Ute HC 2015)***The net and gross areas for the proposed facility are summarized below.*

UTE MOUNTAIN UTE HC	Template or Discipline	Net Square Meters	Conversion Factor	Gross Sq Meters
<b>ADDITIONAL SERVICES</b>				
	X01	6	1.35	8.1
	X03	20	1.35	27
<b>ADMINISTRATION</b>				
Administration	AD	140	1.4	196
Business Office	BO	81	1.4	113.4
Health Information Management	HIM	121	1.25	151.25
Information Management	IM	57	1.2	68.4
<b>AMBULATORY</b>				
Dental Care	dc1	330.8	N/A	481
Emergency	er1	47.4	N/A	82
Eye Care	ec1	128.2	N/A	163
Primary Care	pc2	327.2	N/A	487
<b>ANCILLARY</b>				
Laboratory	LB1	46.8	N/A	56
Pharmacy	ph1	138	N/A	168
Physical Therapy	pt1	116.2	N/A	149
<b>BEHAVIORAL</b>				
Mental Health	MH	66	1.4	92.4
Social Work	SW	14	1.4	19.6
<b>PREVENTIVE</b>				
Environmental Health	EH	26	1.4	36.4
Health Education	HE	16	1.4	22.4
<b>Public Health Nursing</b>	PHN	79	1.4	110.6
Public Health Nutrition	PNT	9	1.4	12.6
<b>SUPPORT SERVICES</b>				
Education & Group Consultatio	EGC	14	1.1	15.4
Employee Facilities	EF	90	1.2	108
Housekeeping & Linen	hl1	25.5	1.1	28
Housekeeping & Linen	HL	16	1.1	17.6
Property & Supply	ps1	149.7	N/A	160
Public Facilities	PF	37	1.2	44.4
<b>TOTALS</b>	<b>Department Gross Square Meters</b>			<b>2817.55</b>
	<b>Building Circulation &amp; Envelope (.20)</b>			<b>563.51</b>
	<b>Floor Gross Square Meters</b>			<b>3381.06</b>
	<b>Major Mechanical SPACE (.12)</b>			<b>405.73</b>
	<b>Building Gross Square Meters</b>			<b>3786.79</b>

